

Case Number:	CM15-0093850		
Date Assigned:	05/20/2015	Date of Injury:	12/22/2006
Decision Date:	06/24/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 68 years old female patient who sustained a work related injury on December 22, 2006. Diagnoses are chondromalacia; right knee, medial meniscal tear with underlying osteoarthritis responding well to Synvisc, last injection January 20, 2015; s/p (1) Synvisc One visco-supplementation to the left knee October, 2014. She sustained the injury while walking upstairs and missed a step falling forward and landing on the left knee. According to a physician's progress report, dated March 2, 2015, she presented for an orthopedic re-evaluation regarding her bilateral knees. She is s/p left knee diagnostic and operative arthroscopy November 19, 2010. During her last visit, she received a Synvisc injection to the right knee, which provided benefit, and she received bilateral orthotics. She reported her left knee was symptomatic with achiness, stiffness, pain, as well as swelling on prolonged weight bearing activities. The physical examination of the bilateral knee revealed tenderness to palpation along the medial and lateral joint lines, positive patellofemoral crepitation and positive grind, range of motion 0 to 120 degrees and 4/5 strength. She has undergone left knee arthroscopic surgery on 11/19/2010. Treatment plan included continuing conservative measures; rest, ice, anti-inflammatories and analgesics, Synvisc at the next visit, and appealing the denial of physical therapy. At issue, is the request for authorization for gardening. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Gardening for one month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy, page 98.

Decision rationale: Request: Gardening for one month. ACOEM and CA MTUS do not specifically address gardening. Per the records provided patient had chronic knee pain. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. The rationale for prescribing gardening as a medical therapy or treatment is not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Gardening for one month is not established for this patient at this time.