

Case Number:	CM14-0145981		
Date Assigned:	09/12/2014	Date of Injury:	12/12/2013
Decision Date:	10/22/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

The injured worker is a 63 year old female who sustained an injury to her right knee on 12/12/13. The mechanism of injury was not documented. The operative report dated 01/23/14 reported that the injured worker underwent evacuation of hematoma through a limited incision and debridement of necrotic skin to 1 area 2 square centimeters with anterior area of 1 square centimeter. Bilateral lower extremity venous ultrasound was performed on 02/12/14 that revealed right knee veins are normally compressible; no filling deficits identified; normal wave form analysis and color flow throughout the visualized veins. The clinical note dated 07/23/14 reported that the injured worker noted improvement going down the stairs. She also stated that she could not go up and down the stairs normally. She felt anxious going downstairs with no feeling in the front of the knee and a sharp pain in the front of the right shin with black/blue coloration on the medial foot without any noted pain. The injured worker rated her pain at 2-8/10 VAS that was worse with any kind of activity. Physical examination noted anterior wound fully healed; skin discolored and numb; minimal bump anterior shin with minimal tenderness; range of motion of the right knee flexion 122 degrees, extension 10 degrees; 4/5 motor strength. The injured worker was diagnosed with arthritis of the knee and right knee contusion. Prior utilization review denied a request for Physical therapy twice a week for six weeks for the right knee on 08/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for six weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The previous request was denied on the basis that the injured worker does not have any significant functional deficits to indicate the need for additional physical therapy. In addition, the injured worker was authorized for a total of 32 visits of physical therapy; the number of visits she completed is unclear and there was no documentation regarding objective functional improvement with the previous visits. Without evidence of efficacy of the previous visits that she attended (if any), additional visits would not be supported. In addition, it is unclear why the injured worker cannot participate in a home exercise program as an extension of her physical therapy. Given this, the request was not deemed as medically appropriate. The CAMTUS recommends up to 12 visits over 12 weeks for the diagnosed injury not to exceed a treatment period of 4 months. There was no indication that the injured worker is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the CAMTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for physical therapy twice a week times 6 weeks for the right knee is not indicated as medically necessary.