

Case Number:	CM14-0173461		
Date Assigned:	10/24/2014	Date of Injury:	07/19/2010
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 Physical Medicine and Rehabilitation 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:

This 58 year-old patient sustained an injury to the left knee on 7/19/10 from falling off ladder while employed by [REDACTED]. Request(s) under consideration include Retrospective Physical Therapy, right knee. Diagnoses include lumbar sprain/strain/degeneration; knee sprain/strain s/p Left Knee Arthroscopic Surgery on 4/11/11 with subsequent TKR on 11/30/11 with at least 30 Post-Op Therapy Sessions. Conservative care has included medications, physical therapy, acupuncture, injections, diagnostics, and modified activities/rest. MRI of the right knee showed degenerative findings. Report of 8/11/14 from the chiropractic provider noted the patient with ongoing chronic knee pain. Exam showed unspecified decreased ROM, positive provocative orthopedic and neurological testing with ill-defined bilateral knee pain. Treatment included chiropractic knee manipulation and acupuncture treatment. Follow-up of 8/21/14 from chiropractic provider noted unchanged bilateral knee pain with added low back pain. Exam showed left antalgic gait; quadriceps weakness, right knee with full ROM, some crepitus at 135 degrees flexion; medial joint line tenderness; low back had functional range. Treatment included right knee MRI, PT, and acupuncture. MRI of right knee dated 9/4/14 showed small joint effusion, chronic chondral degeneration; chondromalacia patellae; medial femoral condylar osteochondral defect; intact collateral and ACL/PCL ligaments; faint linear increase of posterior horn of medial meniscus. Report of 9/9/14 was illegible. The request(s) for Retrospective Physical Therapy, right knee was non-certified on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Physical Therapy, Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Physical Therapy

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

Decision rationale: This 58 year-old patient sustained an injury to the left knee on 7/19/10 from falling off ladder while employed by [REDACTED]. Request(s) under consideration include Associated Surgical Service: Retrospective Physical Therapy, right knee. Diagnoses include lumbar sprain/strain/ degeneration; knee sprain/strain s/p left knee arthroscopic surgery on 4/11/11 with subsequent TKR on 11/30/11 with at least 30 post-op therapy sessions. Conservative care has included medications, physical therapy, acupuncture, injections, diagnostics, and modified activities/rest. MRI of the right knee showed degenerative findings. Report of 8/11/14 from the chiropractic provider noted the patient with ongoing chronic knee pain. Exam showed unspecified decreased ROM, positive provocative orthopedic and neurological testing with ill-defined bilateral knee pain. Treatment included chiropractic knee manipulation and acupuncture treatment. Follow-up of 8/21/14 from chiropractic provider noted unchanged bilateral knee pain with added low back pain. Exam showed left antalgic gait; quadriceps weakness, right knee with full ROM, some crepitus at 135 degrees flexion; medical joint line tenderness; low back had functional range. Treatment included right knee MRI, PT, and acupuncture. MRI of right knee dated 9/4/14 showed small joint effusion, chronic chondral degeneration; chondromalacia patellae; medial femoral condylar osteochondral defect; intact collateral and ACL/PCL ligaments; faint linear increase of posterior horn of medial meniscus. Report of 9/9/14 was illegible. The request(s) for Retrospective Physical Therapy, right knee was non-certified on 10/3/14. The patient has had multiple treatment modalities including chiropractic, physical therapy, and acupuncture with at least 30 post-op visits for surgery of November 2011 and continues to treat for chronic knee pain. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2010 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered

has not resulted in any functional benefit. The Retrospective Physical Therapy, right knee is not medically necessary and appropriate.