

Case Number:	CM14-0166204		
Date Assigned:	10/13/2014	Date of Injury:	11/20/2009
Decision Date:	12/11/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 62 year old female with date of injury 11/20/09. The treating physician report dated 7/14/14 indicates that the injured worker presents with pain and instability of the right knee that is rated a 5-6/10. The physical examination findings reveal prior treatment history includes right knee arthroscopy with chondroplasty of the medial femoral condyle on 8/12/10. The current diagnoses are: 1. Post right knee scope and post hyalgan injection x4 with mild relief 2. Status post 360 degree arthrodesis of lumbar spine 3. Diarrhea/rectal incontinence, possibly neurogenic. The utilization review report dated 9/11/14 denied the request for physical therapy 2x6 to the right knee based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 to Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The injured worker presents with chronic knee pain with 4 year prior history of right knee arthroscopy with chondroplasty. The current request is for PT 2 x 6 to right knee. The treating physician report dated 7/14/14 states, "At this time, I request authorization for physical therapy 2 times a week for the next 6 weeks, focusing on the right knee. The focus should include strength training, increasing range of motion, and decreasing pain." In further reviewing the treating physician's records it is noted on 4/18/14 that the injured worker is in physical therapy following her right knee procedure and is to be seen 2-3 x week for 4-6 weeks. There is no documentation of the response to these sessions of PT. The MTUS guidelines support physical therapy 8-10 sessions for myalgia and neuritis type conditions. In this case the injured worker received physical therapy in April 2014 of unknown number of visits. The treater now wants an additional 12 sessions of PT and there is no documentation of a new injury, diagnosis or surgery that would necessitate additional physical therapy and there is no medical evidence that therapy above the recommended 10 sessions is required. The request for Physical Therapy is not medically necessary.