

Case Number:	CM14-0171118		
Date Assigned:	01/23/2015	Date of Injury:	03/26/2014
Decision Date:	03/26/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/16/2014

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. 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: New Jersey
 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:

The injured worker is a 46 year old female who sustained an industrial injury on 03/24/2014. Diagnoses include sprain/strain of the knee and leg, ankle sprain/strain, and unspecified neuralgia, neuritis and radiculitis. Treatment to date has included medications, physical therapy, and cortisone injections. A physician progress note dated 10/07/2014 documents the injured worker had significant but transient relief status-post right knee cortisone injection. She complains of pain especially in the right knee. There is diffuse lateral tenderness and medial tenderness, peripatellar tenderness present with crepitation in the right knee. Right knee has full range of motion present. Magnetic Resonance Imaging of the right knee done in May, 2014 revealed chondromalacia of patella, joint effusion, and mild edema at Hoffa's fat pad noted. Treatment requested is for Physical Therapy 2 times a week times 2 weeks (has had 6 sessions to right knee, as an outpatient) (RX Date: 10/07/14) between 10/9/2014 and 11/23/2014. On 10/10/2014 Utilization Review non-certified the request for Physical Therapy 2 times a week times 2 weeks (has had 6 sessions to right knee, as an outpatient (RX Date: 10/07//14) between 10/9/2014 and 11/23/2014, and cited was California Medical Treatment Utilization Schedule (MTUS)- American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Physical Therapy 2 times a week times 2 weeks (has had 6 sessions to right knee, as an outpatient (RX Date: 10/07//14) between 10/9/2014 and 11/23/2014: 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 Medicine Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, there was insufficient information documented in the progress notes to help the reviewer learn of how the worker responded to her first 6 sessions of physical therapy in order to consider a continuation of supervised physical therapy. Also, according to the notes the worker was requested to continue her home exercises implying that she may have been completing them successfully at home already, but this is not clear. Without more reporting of her physical exercise at home and benefits from prior physical therapy sessions, the request for the additional 4 sessions of physical therapy will be considered medically unnecessary at this time.