

Case Number:	CM15-0000427		
Date Assigned:	01/12/2015	Date of Injury:	08/30/2006
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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: 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 injured worker is a 58 year old female who sustained an industrial injury on August 30, 2006. The injured worker was working as a medical assistant when the injury occurred. The injured worker reported left knee pain two days after the accident. Diagnoses include degenerative disc disease of the cervical and lumbar spines, right shoulder capsulitis status post right rotator cuff repair surgery, persistent headaches, mental health disorder and bilateral knee chondromalacia patella and degenerative joint disease. Treatment to date has included pain medication, acupuncture treatments, chiropractic therapy for the neck and back and exercises. The current documentation dated November 5, 2014 notes that the injured worker reported a sharp shooting pain at the front of the left knee which radiated to the medial and lateral aspects of the knee. The pain was increased with weight bearing activities. The pain was rated a four out of ten on the Visual Analogue Scale. Physical examination of the left knee revealed tenderness and pain with range of motion. There was no instability with manipulation or weight bearing. McMurry test was positive. On January 2, 2015 the injured worker submitted an application for IMR for review of physical therapy visits times 12 to the left knee. On December 16, 2014 Utilization Review modified the request for physical therapy visits # 12 to the left knee to physical therapy visits # 6 to the left knee. The MTUS, ACOEM Guidelines, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Section

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

Decision rationale: This patient receives treatment for chronic L knee pain. The pain is described in the documentation as sharp and shooting. The patient has received medications in the past for this pain and her chronic neck and low back pain. These medicines include: Lidoderm patches, ibuprofen 800, and Vicopren 7.5- 200 mg. The diagnoses for the L knee pain include possible meniscus tear and possible ACL tear. The patient has been received physical therapy (PT) for the left knee. The guidelines recommend PT to start and then to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less). After that the patient should continue with active self-directed home exercises. The guidelines set a limit on the number of sessions. The patient should be re-evaluated after about 6 sessions to see if the PT is helpful and to see if the patient can engage in an active home exercise program. The request for 12 sessions for the knee is not medically indicated.