

Case Number:	CM15-0000444		
Date Assigned:	01/12/2015	Date of Injury:	09/14/2012
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
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: Internal Medicine

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 male, who sustained an industrial injury on 09/14/2012. He has reported pain in both knees and in the lower back. The diagnoses have included: 1. Right knee lateral meniscal tear situation post meniscal transplant date of injury 01/08/2012, 2. Right knee ACL tear s/p reconstruction date of injury 09/14/2012, 3. Left knee and lumbar spine complaints secondary to the injury of the right knee. According to provider notes of 10/29/2014, he has had five surgical procedures to the right knee and most recently has had physical therapy. Currently, in the primary treating physician's progress report of 12/05/2014, the IW complains of a mild ache present daily in the both knees and low back. On 12/17/2014 Utilization Review modified a request for 6 sessions of physical therapy for the right knee to authorization of 2 sessions citing California Medical Treatment Utilization Schedule (CA MTUS) and Official Disability Guide-Treatment in Worker's Compensation (ODG-TWC) Knee & Leg (Acute and Chronic). Ibuprofen 600mg #90 requested in the same request for authorization (ROA) was certified. On 01/02/2015, the injured worker submitted an application for IMR for review of 6 sessions of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of physical therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic)

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per Medical Treatment Utilization Schedule (MTUS) definitions, functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. Official Disability Guidelines (ODG) presents physical therapy PT guidelines. Patients should be formally assessed after a six-visit clinical trial to evaluate whether PT has resulted in positive impact, no impact, or negative impact prior to continuing with or modifying the physical therapy. When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. The operative report dated June 26, 2014 documented the performance of right knee arthroscopic surgery. The physical therapy note dated August 29, 2014 documented the performance of five out of six physical therapy treatments. The orthopedic report dated October 29, 2014 documented right knee range of motion 0 degrees to 120 degrees and left knee range of motion 0 degrees to 130 degrees. The primary treating physician's progress report dated December 5, 2014 documented subjective complaints of mild ache. Objective findings noted "no change with right knee." Additional PT physical therapy for two times a week for six weeks (12) for the right knee. The 12/5/14 progress report does not document right knee physical examination findings. The 12/5/14 progress report does not document functional improvement with physical therapy. The 12/5/14 progress report does not provide support for additional physical therapy for the right knee. Therefore, the request for physical therapy of the right knee is not medically necessary.