

Case Number:	CM15-0003612		
Date Assigned:	01/14/2015	Date of Injury:	01/05/2009
Decision Date:	03/13/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/07/2015

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: Physical Medicine & Rehabilitation

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 42 year old male suffered an industrial injury on 1/5/08 with subsequent right knee and right foot pain. Magnetic resonance imaging of the right knee (8/13/14) showed tricompartmental cartilaginous wear without full-thickness cartilaginous defects or advanced osteoarthritis, a slight joint effusion, synovitis and mild medial collateral ligament thickening. In a visit note dated 12/5/14, the injured worker complained of right knee and right foot pain with radiation to the right thigh. The injured worker rated the pain 6/10 on the visual analog scale. Physical exam was remarkable for antalgic gait, right foot with tenderness to palpation and painful range of motion in flexion, extension, inversion and eversion. Current diagnoses included pain in joint of ankle and foot, transient arthropathy of lower leg and arthropathy not otherwise specified of lower leg. The treatment plan included continuing ice, heat, exercise, medications (Terocin patches, Naproxen, Pantoprazole, Gabapentin and Tramadol) and eight sessions of physical therapy for the right knee. On 12/17/14, Utilization Review modified a request for physical therapy, right knee, 8 sessions (97001, 97110) to physical therapy, three times a week for two weeks, right knee (97001, 97110) citing CA MTUS 2009: 9792.24.2 Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy right knee 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

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

Decision rationale: According to the 12/05/2014 report, this patient presents with right knee and right foot pain. Per this report, the current request is for physical therapy, right knee, 8 sessions. The patient's work status is "Patient is working full time." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In reviewing the provided reports, show no prior physical therapy report. The treating physician mentions that the patient "complained of right knee and right foot pain with radiation to the right thigh" and the pain level is 6/10. In this case, given that the patient has not had therapy recently, a short course of treatment at this time may be appropriate and the request for 8 sessions appears reasonable. The request IS medically necessary.