

Case Number:	CM15-0006176		
Date Assigned:	01/26/2015	Date of Injury:	04/29/2003
Decision Date:	03/18/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/12/2015

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:

On 4/29/03, this 44 year old male sustained an industrial injury with subsequent right knee and leg problems. No recent magnetic resonance imaging of the right leg was submitted for review. Treatment included multiple right knee surgeries, medications and a right knee brace. In an evaluation dated 12/3/14, the injured worker reported that his knee had buckled recently with subsequent increase in right knee pain. Physical exam was remarkable for minimal instability to the right knee anteriorly and posteriorly. The physician noted that it was not considered severe. Range of motion was limited. The injured worker used a cane for ambulation and had significant difficulty climbing on and off the examination table. Diagnoses included right knee strain status post arthroscopy with failed ACL reconstruction, degenerative joint disease and diabetes mellitus. The injured worker was awaiting authorization for a right knee revision. The treatment plan included physical therapy to the right knee, twice a week for six weeks. On 12/9/14, Utilization Review modified a request for physical therapy for the right knee, 2x6 to four physical therapy sessions citing CA MTUS 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 for the right knee, 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 98.

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

Decision rationale: This patient presents with right knee pain. The patient is status post right knee surgery x5. The most recent of which is from August 2013. The treater is requesting PHYSICAL THERAPY FOR THE RIGHT KNEE 2 X 6. The RFA was not made available for review. The patient's date of injury is from 04/29/2003, and he remains off work. The MTUS Guidelines pages 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The records do not show any physical therapy reports. The QME report from 12/03/2014 notes that the patient received 12 sessions of physical therapy following right knee surgery. The 12/02/2014 report shows that the patient reports buckling of the knee. He also fell 2 weeks ago. And his right knee shows scabs and abrasion. It appears that the patient has not had recent physical therapy, and a short course is appropriate given the patient's chronic symptoms. However, the requested 12 sessions exceed MTUS Guidelines. The request IS NOT medically necessary.