

Case Number:	CM15-0009342		
Date Assigned:	01/27/2015	Date of Injury:	07/23/2011
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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 25 year old female with a date of injury as 07/23/2011. The current diagnoses include left knee pain and chronic right knee pain. Previous treatments include medications, left knee meniscus repair in 2011, arthroscopy with debridement and bone grafting in 2013, arthroscopic ligament repair on 03/06/2014, home exercise program, and physical therapy. Report dated 12/17/2014 noted that the injured worker presented with complaints that included persistent bilateral knee pain and increased depression. Current medication regimen includes Norco, Prozac, omeprazole, ibuprofen, and Amitriptyline. The physician documented that there were no significant changes in objective findings. The injured worker is on modified duty with work restrictions. The utilization review performed on 01/06/2015 non-certified a prescription for physical therapy 2 times per week for 6 weeks right knee based on the request exceeds the amount recommended by the guidelines. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x wk x 6 wks Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Pain (Chronic) Physical medicine treatment. Preface, Physical Therapy Guidelines.

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. Official Disability Guidelines (ODG) present 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 exceeds the guideline, exceptional factors should be noted. The office visit note dated 11/05/14 documented that the patient had received PT physical therapy without lasting improvement. The primary treating physician's progress report dated 11/18/14 documented that the patient had relatively full range of motion of bilateral knees. No significant tenderness was noted. The patient ambulates without a limp. No functional improvement with past physical therapy visits was documented. Twelve additional PT physical therapy visits were requested. Per ODG, 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. Therefore, the request for 12 additional PT sessions exceeds ODG guidelines. No functional improvement with past physical therapy visits was documented. Therefore, the request for 12 additional physical therapy visits are not supported. Therefore, the request for additional PT physical therapy visits is not medically necessary.