

Case Number:	CM15-0104872		
Date Assigned:	06/09/2015	Date of Injury:	03/19/2014
Decision Date:	07/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old female, who sustained an industrial injury on 03/19/2014. She reported an abrasion on her right lower leg and contusion of the right foot/big toes. She was diagnosed with contusion of the right foot and abrasion of right lower leg. Treatment to date has included ice pack, walking boot, medications, MRI, physical therapy and diagnostic injection. According to a progress report dated 05/21/2015, the injured worker was seen for follow up of chronic right knee pain and right lower extremity dysesthesias. Following a recent injection, she reported symptoms were much better. She did not feel there was any swelling as previously. She still had pain described as a stabbing sensation around the right knee with numbness and tingling in the right anterior and lateral shin. She reported difficulty with walking. Previous physical therapy treatment was improving symptoms very slowly. She reported having 12 to 18 visits. Diagnoses included pain in joint lower leg right, sprain/strain medial collateral ligament right and tear medial meniscus knee right. The treatment plan included additional physical therapy. Currently under review is the request for physical therapy 1 time a week for 6 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 6 weeks for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2014 and continues to be treated for right knee pain. After her injury, she had 12 physical therapy treatments completed in July 2014. She recently underwent a right knee injection with improvement beginning about four weeks after the procedure. When seen, there was antalgic gait and medial joint line tenderness. There was decreased right lower extremity sensation and decreased and painful knee range of motion. McMurray's testing was positive. The claimant is now being treated for chronic pain and has improved after a recent knee injection. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of establishing or revising a home exercise program. The request was medically necessary.