

Case Number:	CM15-0107406		
Date Assigned:	06/24/2015	Date of Injury:	11/17/2011
Decision Date:	07/22/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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:

The injured worker is a 48 year old female patient who sustained an industrial injury on 11/17/2011. A recent primary treating office visit dated 04/30/2015 reported chief complaint of having bilateral knee pain. She is with persistent bilateral knee pain that is noted being slightly improved on the left side with physical therapy session. She states the right side is worsening due to compensatory factor. She is currently working. She is diagnosed with the following: left knee meniscal tear, status post arthroscopy; left knee patellofemoral chondromalacia, and right knee pain secondary to compensatory factors. An injection as administered to the left knee. She is to continue with physical therapy session, continue with home exercises and obtain a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) 2 times 4 for the left knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has acute flare-up with clinical findings to support for formal PT, therapy visits is medically appropriate to allow for relief and re-instruction on a home exercise program for this chronic injury. Guidelines allow for 8-10 visits of therapy with fading of treatment to an independent self-directed home program. Submitted reports have adequately demonstrated the indication to support the therapy to allow for maximal functional benefit and recovery. Medical necessity has been established as the patient continues working. The Physical therapy (PT) 2 times 4 for the left knee is medically necessary and appropriate.