

Case Number:	CM15-0107509		
Date Assigned:	06/11/2015	Date of Injury:	10/02/2014
Decision Date:	07/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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 49-year-old male who sustained an industrial injury on October 2, 2014. He has reported right knee pain and discomfort and has been diagnosed with pain in joint knee, right knee anterior cruciate ligament tear, sequel, arthritis of the right knee, and late effect of sprain/strain without mention of tendon injury. Treatment has included medications, modified work duty, physical therapy, bracing, rest, ice, and injections. The injured worker exhibited decreased range of motion of the right knee. There was lateral joint line tenderness. The treatment request included Physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week for 3 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 current request is for Physical therapy, 2 times per week for 3 weeks to the right knee. The RFA is dated 04/15/15. Treatment has included medications, modified work duty, physical therapy, bracing, rest, ice, and injections. The patient is working modified duty. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient presents with continued right knee pain and decreased ROM and the treater has recommended additional physical therapy. This patient has been authorized a total of 24 PT sessions. Physical therapy reports do not document improvement of pain or function. The patient recently completed a course of 8 physical therapy sessions, but there is no report of recent surgery, new injury, new diagnoses, or new examination findings to substantiate the current request for additional sessions. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.