

Case Number:	CM15-0109344		
Date Assigned:	06/15/2015	Date of Injury:	04/12/2013
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/05/2015

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:

This 53 year old woman sustained an industrial injury on 4/12/2013. The mechanism of injury is not detailed. Diagnoses include right knee internal derangement. Treatment has included oral medications and physical therapy. Physician notes dated 2/3/2015 show complaints of right knee pain rated 6/10. Recommendations include continue physical therapy, right knee MRI, and follow up in two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to 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 Medicine Page(s): 98-99.

Decision rationale: The patient presents on 04/28/15 with unrated right knee pain. The patient's date of injury is 04/12/13. Patient has no documented surgical history directed at this complaint. The request is for 12 sessions of physical therapy to right knee. The RFA is dated 04/28/15.

Physical examination dated 04/28/15 reveals tenderness to palpation of the medial/lateral aspects of the right knee over the patella. Knee range of motion is noted to be 120 degrees. The patient's current medication regimen is not provided. Diagnostic imaging was not included. Patient's current work status is not provided. 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." In regard to the request for 12 additional physical therapy sessions for this patient's knee complaint, treater has exceeded guideline recommendations. Documentation provided indicates that this patient has completed an unspecified number of PT sessions directed at her knee complaint, though only one PT progress note was provided - dated 01/15/15. MTUS guidelines allow for a maximum of 10 physical therapy sessions for chronic knee pain, the 12 requested in addition to those already completed exceeds these recommendations. Therefore, the request IS NOT medically necessary.