

Case Number:	CM15-0109618		
Date Assigned:	06/16/2015	Date of Injury:	02/20/2014
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, New York
 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 55 year old female, who sustained an industrial injury on 2/20/14. She has reported initial complaints of left knee pain after injury. The diagnoses have included contusion left knee, left knee degenerative joint disease (DJD), lumbar sprain, anterior cruciate ligament (ACL) sprain and mild chondromalacia patella, left leg joint pain, left hip greater trochanter bursitis and left leg osteoarthritis. Treatment to date has included medications, activity modifications, off work, ice packs, elevation of the extremity, diagnostics, injections, physical therapy, and home exercise program (HEP). Currently, as per the physician progress note dated 3/10/15, the injured worker complains of moderate pain that radiates to the left hip, buttocks, lower back and leg. The pain is rated 6/10 on pain scale and she reports that there is a decrease in the level of function during activities since the last visit. The physical exam of the left knee reveals joint line tenderness, positive McMurray's test, and left hip greater trochanter tenderness. The current medications included Naprosyn. The physician notes that the Magnetic Resonance Imaging (MRI) of the left knee dated 5/9/14 shows mild degenerative joint disease (DJD), anterior cruciate ligament (ACL) sprain and mild chondromalacia patella. The diagnostic test report was not submitted with the records. There is previous physical therapy sessions noted in the records. The physician requested treatment included Additional physical therapy (PT) 2 times a week over 6 weeks for the left knee as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) 2 times a week over 6 weeks fo the left knee, outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, additional physical therapy (PT) two times per week times six weeks to the left knee as an outpatient is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are contusion left knee; left knee mild DJD; sprain ACL and mild chondromalacia patella left knee; and hip greater trochanteric bursitis. Date of injury is February 20, 2014. The request for authorization was dated May 5, 2015. The most recent progress note in the medical record is March 10, 2015. Physical therapy #1 is noted on a November 8, 2015 progress note. A follow-up summary sheet shows the injured worker received #23 sessions of physical therapy as of March 4, 2015. According to the March 10, 2015 progress note, subjectively the injured worker had been going to physical therapy three times per week and was given instructions to engage in a home exercise program. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. There are no physical therapy progress notes in the medical record reflecting objective functional improvement. Consequently, absent clinical documentation with physical therapy progress notes, objective functional improvement and instructions for the injured worker to engage in a home exercise program, additional physical therapy (PT) two times per week times six weeks to the left knee as an outpatient is not medically necessary.