

Case Number:	CM15-0130088		
Date Assigned:	07/16/2015	Date of Injury:	09/12/2012
Decision Date:	08/12/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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 51 year old female, who sustained an industrial injury on 9/12/2012. Diagnoses have included left knee sprain, osteoarthritis knee, aftercare musculoskeletal system and osteoarthrosis of ankle. Treatment to date has included left knee arthroscopic surgery, physical therapy and magnetic resonance imaging (MRI). According to the recent progress reports, the injured worker complained of pain in her bilateral knees and right foot. She had difficulty standing and walking. The injured worker had a left, antalgic gait with crepitus of the left knee. It was noted that computed tomography revealed a torn anterior cruciate ligament on the left. Authorization was requested for physical therapy twice a week for six weeks for the bilateral knees and right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Bilateral Knees, Right Foot, 2 times wkly for 6 wks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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-related injury in September 2012 and continues to be treated for bilateral knee and right foot pain. She had left knee arthroscopic surgery in January 2014 with debridement after a lateral tibial plateau fracture. When seen, there was an antalgic gait with left knee crepitus. She has a chronic left knee ACL tear. The claimant is being treated for chronic pain with no new injury. 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 in excess of that recommended or what would be expected to determine whether additional physical therapy was likely to be effective. The request is not medically necessary.