

Case Number:	CM15-0132802		
Date Assigned:	07/20/2015	Date of Injury:	07/22/2011
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

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 56-year-old female with an industrial injury dated 07-22-2011. The injured worker's diagnoses include right knee lateral meniscal tear, right knee patella chondromalacia and right knee osteochondral defect lateral femoral condyle. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 03-17-2015, the injured worker reported continued right knee pain with recurrent swelling and a sense of locking. The injured worker reported persistent pain with kneeling, squatting, prolonged standing and walking. The injured worker also reported that she has not received any physical therapy. Objective findings revealed right knee tenderness over the medial and lateral joint line. The treating physician reported that the radiographic imaging of the bilateral knee revealed slight decrease joint space in the lateral compartment. X-ray of the right knee revealed minimal spurring and superior pole of the patella. MRI of the right knee dated 12-11-2014 revealed chondromalacia patella. The treating physician prescribed services for physical therapy two (2) times a week for four (4) weeks for the right knee, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks for the Right Knee: 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 injury in July 2011 and continues to be treated for low back and right knee and lower extremity pain. When seen, pain was rated at 2-5/10. Physical examination findings included lumbar spine stiffness with muscle spasms and muscle and facet joint tenderness. There was an antalgic gait. There was decreased right knee range of motion with joint line tenderness. There was decreased lower extremity strength. Medications were prescribed and authorization for physical therapy was requested. 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 might be needed to determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.