

Case Number:	CM15-0134738		
Date Assigned:	07/23/2015	Date of Injury:	05/30/2000
Decision Date:	08/19/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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 53-year-old male, who sustained an industrial injury on 5/30/00. He reported right knee pain. The injured worker was diagnosed as having medial and patellofemoral arthrosis of the right knee post ACL reconstruction in 1999. Treatment to date has included physical therapy, the use of a knee brace, and medication. Physical examination findings on 6/2/15 included a tender medial joint line, no patellofemoral crepitus, and a negative patellar grind test. Currently, the injured worker complains of pain and popping in the right knee. The treating physician requested authorization for physical therapy 2x4 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter: ODG 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, physical therapy two times per week times four weeks of the right knee 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 medial and patellofemoral arthrosis right knee BTB ACL reconstruction 1999. Date of injury is May 30, 2000. Request authorization is June 26, 2015. According to a progress note dated June 2, 2015, the treating provider indicates the injured worker received 12 sessions of physical therapy (last PT visit May 26, 2015). The injured worker feels stronger and wears a brace on occasion. This is a 15-year-old injury and it is unclear as to the total number of physical therapy sessions over the 15-year period. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is indicated. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is indicated, physical therapy two times per week times four weeks of the right knee is not medically necessary.