

Case Number:	CM15-0137403		
Date Assigned:	07/28/2015	Date of Injury:	11/25/2012
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker is a 59 year old female, who sustained an industrial injury on 11-25-2012. On provider visit dated 06-18-2015 the injured worker has reported left knee pain. On examination, tenderness left knee and left shoulder with decreased range of motion was noted. The diagnoses have included knee sprain-strain, status post left knee arthroscopy with meniscectomy and chondropasty on 06-11-2014, osteochondral lesion, medial femoral condyle and chondromalacia of the patellofemoral joint. The injured worker was noted to be off work. Treatment to date has included medication, left knee injections and physical therapy. There was no submitted documentation revealing evidence of measurable functional improvement with previous left knee physical therapy or a clear number of sessions completed. The provider requested physical therapy twice a week for four weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for four weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical Medicine Page(s): 98, 99.

Decision rationale: This patient is status post left knee surgery on 06/11/14 and presents with continued complaints of pain. The current request is for Physical Therapy twice a week for four weeks for the left knee. The RFA is dated 06/22/15. Treatment to date has included left knee surgery (June 11, 2014), medication, left knee injections and physical therapy. The patient remains of work. This patient is outside of the post-surgical time frame. The 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." According to progress report 06-18-2015, the patient reported left knee pain, low back, left shoulder and left wrist pain. On examination, there was tenderness about the left knee, lower back and left shoulder and decreased range of motion was noted. Treatment plan was for medications and PT for the left knee. There is no rationale provided for the requested physical therapy. There are no physical therapy reports provided for review. The exact number of completed physical therapy visits to date and the objective response to therapy were not documented in the medical reports. The UR letter dated 07/06/15 states that the patient has completed 18 PT sessions thus far. In this case, the treating physician provides no discussion as to why physical therapy is being sought at this time. There is no discussion that the patient is unable to perform self-directed home exercises. The patient has already participated in 18 sessions and there is no report of new injury, new diagnoses, or new examination findings to substantiate the current request. This request is not medically necessary.