

Case Number:	CM15-0142188		
Date Assigned:	08/03/2015	Date of Injury:	08/13/2014
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/22/2015

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 63 year old female, who sustained an industrial injury on 8-13-2014, resulting from a trip and fall. The injured worker was diagnosed as having pain in joint involving lower leg and chondromalacia of patella. Treatment to date has included diagnostics, left knee arthroscopy 10-31-2014, physical therapy, home exercise program, and medications. Currently, the injured worker complains of left knee pain. She reported that symptoms were relieved with injections and rest. She also reported difficulty bending and decreased mobility. It was documented that she had not received therapy for this condition. Her body mass index was 32.45%. Work status was modified. Current pain medication regimen was not noted. The treatment plan included physical therapy x6 for the left knee. A progress note dated 4-20-2015 noted failed treatment to include nonsteroidal anti-inflammatory drugs, physical therapy, and cortisone injections. Physical therapy progress notes were submitted although sessions completed to date could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Therapy 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 times six to the left 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 pain joint involving lower leg; chondromalacia patella; and status post left knee arthroscopy October 31, 2014. The documentation indicates (according to the adjuster) the injured worker received 22 physical therapy sessions. The documentation by the treating provider does not specify the total number of physical therapy sessions to date. There is no documentation demonstrating objective functional improvement from prior physical therapy. According to a June 18, 2015 progress note, the treating provider is requesting additional physical therapy. Subjectively the injured worker has chronic left knee symptoms with decreased mobility. Additionally, the injured worker receives hyaluronic acid injections with benefit. Objectively, there is medial joint line tenderness of the left knee with mild crepitus and mild decreased range of motion. According to the records, the injured worker received 22 physical therapy sessions. The guidelines recommend 12 physical therapy sessions in the post surgical arthroscopy. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation demonstrating objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted (over and above the recommended guidelines), physical therapy times six to the left knee is not medically necessary.