

Case Number:	CM15-0142801		
Date Assigned:	08/05/2015	Date of Injury:	09/29/2011
Decision Date:	10/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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, Hawaii
 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 57 year old male, who sustained an industrial injury on 9-29-11. The injured worker has complaints of right knee pain with clicking and popping in the knee and complaints of mild swelling in the knee. The documentation noted tenderness at the medial patellofemoral joint, the patellar tendon and the medial joint line. The diagnoses have included right meniscus tear and chondromalacia internal derangement. Treatment to date has included voltaren; ice; bracing; home exercise program; physical therapy; arthroscopy with meniscectomy on 4-3-13 and medial meniscectomy on 5-21-13. The request was for physical therapy for the right knee 3 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee 3 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Physical Therapy for the right knee 3x4. The treating physician states in the report dated 7/1/15, Requesting 12 sessions of physical therapy for the right knee. The patient's patello-femoral pain and symptoms are different than those addressed by therapy in the patient's post-operative period. (9B) The MTUS guidelines state, they can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process and MTUS only allows 8-10 sessions of physical therapy. In this case, the treating physician has documented that physical therapy may be beneficial for the patient; however, the amount requested exceeds the MTUS guidelines. The current request is not medically necessary.