

Case Number:	CM15-0143967		
Date Assigned:	08/04/2015	Date of Injury:	02/19/2010
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/24/2015

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 45 year old female, who sustained an industrial injury on 2-19-2010. Diagnoses have included right knee lateral meniscus tear, status post right knee arthroscopy and ankle pain. Treatment to date has included magnetic resonance imaging (MRI) and medication. According to the progress report dated 4-10-2015, the injured worker complained of intermittent right knee pain traveling to her right calf rated six to seven out of ten. She reported that her pain was worsening. Swelling was noted as well as stiffness. She also complained of intermittent pain in her right ankle rated three out of ten. She stated that her pain was relieved with rest, activity modification, heat and cold. She was currently taking Ibuprofen and using Terocin patches for pain. Exam of the right knee revealed tenderness. There was tenderness at the right ankle and foot. Authorization was requested for Duexis and physical therapy evaluation and treatment twice a week for six weeks 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 evaluation two times a week for six weeks for the right knee: Upheld

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

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 February 2010 and underwent right knee arthroscopic surgery in July 2013. When seen, she was having right knee and ankle pain and difficulty sleeping. There was right knee tenderness with positive McMurray's and anterior and posterior drawer testing. There was right ankle and foot tenderness with positive anterior drawer testing. Knee range of motion was normal. There was decreased ankle range of motion. Physical therapy was requested for the right knee with a goal of decreasing pain. The claimant is being treated for chronic knee and ankle / foot 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.