

Case Number:	CM15-0145520		
Date Assigned:	08/06/2015	Date of Injury:	11/06/2012
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/27/2015

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 43-year-old female, who sustained an industrial injury on 11-6-2012. Diagnoses have included current tear of medial cartilage or meniscus of knee, cervical radiculopathy, lumbosacral radiculopathy and shoulder tendinitis-bursitis. Treatment to date has included knee surgery, physiotherapy and medication. According to the progress report dated 6-18-2015, the injured worker complained of increased bilateral knee pain, right more than left. The injured worker ambulated with an antalgic gait. There was mild tenderness to the bilateral knees. X-rays were taken of the knees, which showed evidence of degenerative joint disease to the lateral aspect of the femoral epicondyle bilaterally. Authorization was requested for physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times 4 left and right 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: The patient presents with pain affecting the bilateral knees. The current request is for Physical therapy 3 times 4 left and right knee. The treating physician report dated 6/18/15 (5B) states, "Today, we are formally requesting 12 further sessions of physical therapy to assist the patient in her postoperative progression and an effort to avoid the deterioration of her condition." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The patient is status post right knee arthroscopic surgery in October 2014 and is no longer within the post-surgical treatment period established by the MTUS-PSTG. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were received. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there is no documentation provided as to why the patient cannot continue with a home exercise program after having received an extensive amount of post-surgical physical therapy. The current request is not medically necessary.