

Case Number:	CM15-0165078		
Date Assigned:	09/02/2015	Date of Injury:	09/09/2013
Decision Date:	10/06/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/24/2015

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 49 year old female, who sustained an industrial injury on 9-09-2013. The mechanism of injury was not described. The injured worker was diagnosed as having pain in joint, lower leg. Treatment to date has included right knee surgery (with revision-medial meniscectomy), corticosteroid injection, and medications. Currently, the injured worker complains of knee pain, rated 7 out of 10. Body mass index was 36.3%. Medications were noted as Ibuprofen and Naprosyn. Exam of the right knee noted painful and decreased range of motion. Prior physical therapy progress notes were not submitted. The treatment plan included physical therapy x 18 for the right knee, with emphasis on range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 18 visits: Upheld

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

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-related injury in September 2013 and is being treated for chronic right knee pain. Treatments have included two arthroscopic knee surgeries with the most recent a revision arthroscopic meniscectomy approximately one year ago with symptoms of CRPS after each procedure. Prior treatments have included physical therapy. When seen, NSAID medication was being prescribed. Physical examination findings included a BMI of over 36. There was lateral knee hypersensitivity which had improved. There was joint line tenderness and femoral condyle tenderness. There was decreased active and passive range of motion. Active range of motion was painful. Up to an additional 18 physical therapy treatments were requested. In this case, the claimant is being treated for chronic pain with no new injury. The examination findings do not fulfill the criteria for a diagnosis of CRPS. The claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. 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 reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.