

Case Number:	CM15-0166158		
Date Assigned:	09/03/2015	Date of Injury:	06/23/2012
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial-work injury on 6-23-12. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral knee osteoarthritis, status post left knee arthroscopy, partial menisectomies (medial and lateral), Medical records dated (3-9-15 to 7-13-15) indicate that the injured worker complains of lumbar pain and left knee pain with locking at times. The medical record dated 6-1-15 the physician indicates that "he has been undergoing physical therapy for the lumbar spine but is not getting physical therapy for the left knee." The medical record dated 3-9-15 the physician indicates that the injured worker complains of moderate to severe pain in both knees and he notes swelling in the left knee. The pain increases with physical activities and the injured worker has buckling and locking of both knees, popping and clicking and reports losing his balance at times. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 3-9-15 the employee has returned to work with restrictions. The physical exam dated from (3-9-15 to 7-13-15) reveals left knee tenderness to palpation over the insertion of the patellar tendon at the distal pole of the patella, tenderness to palpation at the medial and lateral patellar facets, Treatment to date has included pain medication including Voltaren, Prilosec and Lidopro cream, activity modifications and work modifications, off work, diagnostics, left knee surgery, injections times 2 , physical therapy left knee (unknown amount), chiropractic, and other modalities. The medical record dated 3-9-15 the physician indicates that the injured worker "recalls having a Magnetic Resonance Imaging (MRI) of the left knee and a meniscus tear was diagnosed." "He was referred to an orthopedist who administered 2 cortisone

injections to the knee." It is noted that the injections provided a week a pain relief but the pain soon returned. The physician also indicates in the medical record dated 3-9-15 that the injured worker "underwent left knee surgery in December of 2012 and post-operatively he was referred to physical therapy for the next 4 months." The X-Ray of the left knee dated 10-3-14 reveals degenerative marginal osteophyte off the posterior aspect of the patellar upper pole. The original Utilization review dated 8-17-15 non-certified a request for Physical therapy for left knee 2x week x 4 weeks as there is no number of visits of physical therapy of the left knee the injured worker has completed in the last year and no documentation of what the outcome may have been with the prior therapy within the last 12 months, therefore not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left knee 2x week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) do not indicate that manual therapy and manipulation are recommended as options in chronic knee or shoulder pain. At this point the patient is over three years from the initial date of injury and with no objective evidence to indicate an acute re-injury or exacerbation, making the knee pain chronic in nature. Without strong evidence for physical therapy being beneficial in chronic cases of knee and shoulder pain and with no formal objective plan to measure and evaluate functional improvement, medical necessity of further physical therapy can not be justified as any greater than a home exercise program emphasizing education, independence, and the importance of on-going exercise.