

Case Number:	CM15-0166973		
Date Assigned:	09/04/2015	Date of Injury:	02/17/2015
Decision Date:	10/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/25/2015

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

Certification(s)/Specialty: Family Practice

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 25 year old female, who sustained an industrial injury on 2-17-2015. Diagnoses include right knee internal derangement and right knee sprain-strain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), physical therapy (8 sessions) and medications. Per the Primary Treating Physician's Progress Report dated 7-02-2015, the injured worker reported intermittent, moderate achy, right knee pain rated as 5-6 out of 10 associated with weakness of the right leg and knee. Physical examination of the right knee revealed mild swelling with decreased, painful ranges of motion. She has an antalgic gait. The plan of care included additional physical therapy, acupuncture, and an orthopedic consultation. Authorization was requested for 6 sessions of physical therapy 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 6 sessions for 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is a recommended treatment; however, the Guidelines comment on the number of sessions provided and the direction towards a self-directed home exercise program. Specifically, engagement in a physical therapy program should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) and be directed towards the goal of an active self-directed home exercise program. Regarding the number of sessions, the Guidelines state the following: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks. In this case, the records indicate that the patient has already received approximately 8 sessions of physical therapy. There is insufficient documentation in the medical records as to the outcomes of these 8 sessions. Further, it would be expected that the patient have been engaged in a self-directed home exercise program. There is no rationale provided to explain why the patient is unable to do so. For these reasons, 6 sessions of physical therapy for the right knee is not medically necessary.