

Case Number:	CM15-0167457		
Date Assigned:	09/08/2015	Date of Injury:	07/19/2013
Decision Date:	10/08/2015	UR Denial Date:	07/24/2015
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: Internal 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 (IW) is a 50 year old female who sustained an industrial injury on 07-19-2013. The initial report of the injury and complaint are not found in the records reviewed. The injured worker was diagnosed as having internal derangement, pain in joint lower leg. Treatment to date has included medications, injection and activity modification. On 07/17/2015, the injured worker is seen with attendance of an interpreter for an injection of the right knee with depo-medrol. There are no objective or subjective findings documented. Prior to the July visit, the records document monthly visits (03-13-15, 04-24-15, 06-05-15, 07-17-15) and arthroscopic exam of the right knee (01/30/2013). In the notes of 03-13-15, swelling was present in the knee and the plan of care included a depo-medrol injection, Anaprox, and awaiting physical therapy authorization. Notes of 06-05-15 documented no improvement and the worker was having an increase in pain. She was again awaiting a physical therapy authorization. A MRI of the right knee 06-30-2014 was reported to have "postop degenerative arthritis, loose bodies in the knee joint, extrusion of body and anterior horn medial meniscus, Bakers cyst, and subchondral cyst medial tibial condyle". In the 06-19-2015 visit, subjective findings include complaint of pain radiating down to her toes with numbness and tingling. Objectively the worker has weight bearing x-rays of 01-30-15 that show narrowing of medial joint space with marginal osteophytes, retropatellar change with osteophytes. The examination notes 2+ grating crepitus, patellofemoral compression testing is positive, valgus stressing is positive, medial and lateral joint lines and retropatellar surface, medial and lateral retropatellar surfaces and patellar tracking central. The plan includes a right knee depo-medrol injection to be given 07-17-2015, and the worker is awaiting authorization for physical therapy 2x4. In July, following the depo-medrol injection, the worker was released to modified work with sedentary work only and restrictions of no squatting,

kneeling, limited climbing. The plan includes the physical therapy 2x4. There is no documentation of any physical therapy visits completed. A request for authorization was submitted for: Additional physical therapy, 2 times a week for 4 weeks, right knee. A utilization review decision (07-24-2015) non-certified the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy, 2 times a week for 4 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Pain Suffering & The Restoration of Function Chapter 6, page 114, Official Disability Guidelines, Knee & Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Based on MTUS guidelines, the physical therapy recommendation with respect to the knee pain for old bucket handle tear, derangement of meniscus, loose body in knee, chondromalacia of patella and tibialis tendonitis is 12 visits over 12 weeks for post-surgical treatment. Also, the post surgical physical medicine treatment period is 4 months. This patient had surgery back in 2013 and a recent steroid injection. The patient is well more than 4 months out from arthroscopic knee surgery. There is no documentation of previous physical therapy.

Therefore, based on the MTUS guidelines and the evidence in this case, the request for physical therapy on the right knee 2 times a week for 4 weeks is not medically necessary.