

Case Number:	CM15-0169762		
Date Assigned:	09/16/2015	Date of Injury:	07/28/2009
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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 male, who sustained an industrial injury on 7-28-2009. The injured worker was diagnosed as having left knee meniscal tear, chondromalacia bilateral knees. The request for authorization is for: physical therapy 3 times per week for 4 weeks for the right knee. The UR dated 8-18-2015: non-approved physical therapy 3 times per week for 4 weeks for the right knee. On 5-6-2015, his work status is modified. He presented to the provider to start a TENS trial. He reported increased right knee pain secondary to compensation. He is working full time, utilizing braces, and attending acupuncture. He is noted to have had a cortisone injection to the left knee with good benefit. Magnetic resonance imaging in 2013 are reported to reveal medial meniscal tear. Physical findings revealed crepitus bilaterally and tenderness to palpation. On 7-17-2015, his work status is modified. He reported bilateral knee pain status post left knee surgery in 2009. He indicated an increase in pain of the right knee and rated the pain 7 out of 10. He indicated the pain to worsen with squatting, and walking up stairs. He is reported to have denied instability and locking. Physical findings revealed tenderness and crepitus bilaterally. The treatment and diagnostic testing to date has included: TENS, braces, medications, AME, magnetic resonance imaging (2013), left knee surgery (2009), acupuncture, and cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3xWk x 4Wks for the right knee: Upheld

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

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 injury in July 2009 and is being treated for left knee pain. He underwent surgery in November 2009 with an arthroscopic medial meniscus repair and chondroplasty. Recent treatments include medications, TENS, and acupuncture. When seen, there had been minimal improvement after a steroid injection. He was taking Naprosyn once time per day with more than 50% decreased pain. He was wearing a knee support and was able to work full time. Physical examination findings included knee tenderness with crepitus and an antalgic gait. Physical therapy was requested. The claimant is being treated for chronic pain with no new injury. 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 determine whether continuation of physical therapy was needed or likely to be effective. The request was not medically necessary.