

Case Number:	CM15-0180038		
Date Assigned:	09/22/2015	Date of Injury:	08/29/2013
Decision Date:	10/30/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/14/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38-year-old male worker with a date of injury 8-29-2013. The medical records indicated the injured worker (IW) was treated for right knee pain. In the 8-19-15 progress notes, the IW reported right knee pain rated 6 out of 10, which was worsening from his visit on 4-15-15. Objective findings on 8-19-15 included swelling and tenderness to palpation of the medial and lateral joint lines into the tibial tuberosity. Flexion was 110 degrees and extension was 0 degrees. Previous treatments were not documented. An MRI of the right knee on 6-8-15 showed a bone island in the medial tibial plateau and linear increased intermediate signal in the body and both horns of the medial meniscus and lateral meniscus which did not extend to the articular surface, consistent with internal degeneration. The IW was temporarily totally disabled. The treatment plan included physical therapy for the right knee and an orthopedic consult. A Request for Authorization was received for physical therapy twice a week for six weeks for the right knee. The Utilization Review on 8-27-15 non-certified the request for physical therapy twice a week for six weeks for the right knee because there were no extenuating circumstances documented to exceed current treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Physical therapy 2x6 right knee. The requesting treating physician report provides no rationale for the current request. The report dated 5/27/15 (22B) states, "Resume PT 2 x: Rt knee." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 12 sessions of prior physical therapy for the right knee. The patient is status post right knee chondroplasty synovectomy plica excision on 2/6/14 and is no longer within the post-surgical treatment period of 12 weeks as established by the MTUS-PSTG. In this case, the patient has received at least 12 sessions of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medical necessary.