

Case Number:	CM15-0183137		
Date Assigned:	09/24/2015	Date of Injury:	09/20/2010
Decision Date:	11/12/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: Pennsylvania, Ohio, California
 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:

The injured worker is a 34 year old male, who sustained an industrial injury on September 20, 2010. The injured worker was currently diagnosed as having mild osteoarthritis with recent locking of the right knee; rule out lumbar disk disease and radiculopathy and patellofemoral instability, status post patellar ligament reconstruction. Treatment to date has included surgery and physical therapy. On July 20, 2015, the injured worker complained of low back and right knee pain along with numbness in the right foot. The pain was rated as a 1 on a 1-10 pain scale with rest and a 5 on the pain scale with activity. Notes stated that the pain was unchanged from a prior exam. Physical examination of the right knee revealed positive patellar apprehension, J tracking of patella. Range of motion was 0-135 degrees. His gait was noted to be normal. The treatment plan included an MRI of the lumbar spine and continuation of physical therapy. On August 10, 2015, utilization review denied a request for twenty-four physical therapy visits at three times a week for eight weeks 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 3xWk x 8Wks for the Right Knee, QTY: 24: 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): Physical Medicine.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.