

Case Number:	CM15-0183918		
Date Assigned:	09/24/2015	Date of Injury:	08/29/2012
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/18/2015

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: Preventive Medicine, Occupational 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 is a 65 year old female, who sustained an industrial injury on August 29, 2012. Medical records indicate that the injured worker is undergoing treatment for a right knee medial meniscus tear, medial epicondylitis of the right elbow and a repetitive stress injury of the bilateral hands. The injured worker was noted to be temporarily totally disabled. On (8-6-15 and 7-2-15) the injured worker was noted to be status-post right knee arthroscopy and had completed 12 sessions of physical therapy. The injured worker reported residual right knee pain. The injured worker also was status-post left knee arthroscopy. Examination of the right and left knee revealed no joint line tenderness, no effusion and a range of motion from 0 to 130 degrees. There was 4+-5 quadriceps and hamstring strength. Treatment and evaluation to date has included medications, MRI of the right knee (1-9-15), physical therapy (18), left knee arthroscopy and a right knee arthroplasty (4-22-15). A current medication list was not provided in the medical records. The request for authorization dated 7-24-15 included a request for physical therapy for the right and left knee # 8. The Utilization Review documentation dated 9-9-15 non-certified the request for physical therapy for the right and left knee # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right and left knees Qty: 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker recently had 8 visits of physical therapy authorized on 8/3/15. It is unclear if these visits have been conducted as there is no documentation of the visits in the available documentation. The request for physical therapy for right and left knees Qty: 8 is not medically necessary.