

Case Number:	CM15-0184807		
Date Assigned:	09/25/2015	Date of Injury:	08/09/2000
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on 8-9-00. A review of the medical records indicates he is undergoing treatment for chondromalacia, degenerative joint disease, and osteoarthritis of the right knee. Medical records (6-3-15 to 8-3-15) indicate complaints of ongoing pain in his right knee. He reports that his pain, at its worse, is "5-6 out of 10", but with the use of medications, is reduced to "2-3 out of 10". The physical exam (8-3-15) reveals right knee range of motion "0-110 degrees" with crepitation on range of motion and pain across the patella and to the medial joint line. Strength is "4 out of 5" to flexion and extension. McMurray's test is negative, as well as "negative laxity to stress testing of the PCL, ACL, MCL, and LCL". Diagnostic studies are not included in the provided records. Treatment has included corticosteroid injections and at least six session of physical therapy. The last documented physical therapy session was on 6-19-15. The treating therapist indicates that the injured worker was "instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care". The therapy recommendations include rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. The treating therapist states, "this client requires skilled physical therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined" in the plan of care. The treating provider indicates that the injured worker "has been able to improve his level of activities" with physical therapy and states that the treating therapist has recommended additional physical therapy. The request for authorization (9-2-15) includes additional physical therapy 3 times a week for 4 weeks. The utilization review (9-10-15) denied the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Work-Relatedness, Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, physical therapy is intended for a fading frequency. Most musculoskeletal conditions including the knee allow for up to 10 sessions of therapy. In this case, the claimant had already undergone 12 sessions of therapy and completing home exercises. The request to do an additional 12 sessions of therapy is not medically necessary.