

Case Number:	CM15-0185360		
Date Assigned:	09/25/2015	Date of Injury:	09/18/2014
Decision Date:	11/25/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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 52 year old female who sustained an industrial injury on 09-18-2014. A review of the medical records indicated that the injured worker is undergoing treatment for right knee degenerative joint disease. The injured worker is status post right knee medial meniscus repair in 12-2014. According to the treating physician's progress report on 08-07-2015, the injured worker continues to experience right knee intermittent pain. Examination demonstrated full range of motion with some superficial bruising about the knee. Weakness of the quadriceps was noted. There was no instability of the knee. Prior treatments have included diagnostic testing, cortisone injections, surgery, knee brace, cane, and physical therapy (6 sessions in 01-2015, 3 sessions in 02-2015 and 1 session in 04-2015). Current medication was listed as Motrin. Treatment plan consists of changing Motrin to Etodolac and the current request for physical therapy twice a week for 6 weeks for the right knee. On 08-21-2015 the Utilization Review determined the request for additional physical therapy twice a week for 6 weeks for the right knee was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X Week X 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

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.