

Case Number:	CM15-0192453		
Date Assigned:	10/06/2015	Date of Injury:	08/21/2007
Decision Date:	11/20/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 60 year old male who sustained an industrial injury on 08/21/2007. Medical records indicated the worker was treated for internal derangement of the knee and chronic pain. The internal derangement of the right knee is status post meniscectomy. In the provider notes of 07-31-2015, the injured worker complains of bilateral knee pain. The worker has a right side custom knee brace and a regular knee brace on the left. He exercises 40 minutes daily on a bicycle, and walks 30 minutes daily. He has difficulty getting up from a chair due to stiffness and discomfort. He has access to hot and cold wrap and uses a two lead transcutaneous electrical nerve stimulation (TENS) unit. He avoids squatting, kneeling, climbing stairs and lifting. The worker complains of having "so much pain on the right knee that he wants surgical intervention". He has had prior therapy, cortisone injection and hyalgan injections. Standing x-rays revealed a 2mm articular surface on the left. His most recent MIR of 2012 showed some wear along the anterior cruciate ligament and he points to the inner medial joint as a source of pain and sense of instability. Medications include Naproxen, Aciphex, Tramadol ER, and Norflex. In the provider notes of 08-14-2015, the objective findings were tenderness across the knee joint both medially and laterally on the right and laxity on the left knee with valgus and varus. The worker is retired and collecting retirement and Social Security disability. A request for authorization was submitted 08-31-2015 for 12 physical therapy visits for the right knee. A utilization review decision 09/04/2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The patient presents with bilateral knee pain. The current request is for 12 physical therapy visits for the right knee. The treating physician states, in a report dated 08/31/15, "On 08/31/15 visit [REDACTED] requested PT before we reconsider surgery." (84E) 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. In this case, the treating physician, based on the records available for review, has requested 12 visits, which 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 medically necessary.