

Case Number:	CM15-0197391		
Date Assigned:	10/12/2015	Date of Injury:	10/01/2012
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 10-01-2012. She has reported injury to the neck, low back, right knee, and right ankle. The diagnoses have included right knee degenerative arthritis of the lateral compartment with prior magnetic resonance imaging evidence of bucket handle tear of the lateral meniscus; distal fibula avulsion fracture nonunion with tenderness; chronic right ankle instability; anterolateral ankle impingement; cervical radiculopathy; multiple lumbar disc protrusion; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, physical therapy, and psychotherapy. Medications have included Norco, Flexeril, and Xanax. A progress note from the treating physician, dated 09-30-2015, documented a follow-up visit with the injured worker. The injured worker reported that her right knee is symptomatic; she states that if her knee symptoms would not change, she would live with them; and she has a problem with her ankle, neck, and low back. Objective findings included unchanged examination of her right knee; the MRI of the right knee, dated 06-27-2013, finds that she had a bucket handle tear of the lateral meniscus primarily involving the body and the posterior horn; and it is noted that this MRI is over 2 years old and is subsequent to the 2009 operation on her right knee. The treatment plan has included the request for physical therapy to the right knee times 16. The original utilization review, dated 10-02-2015, non-certified the request for physical therapy to the right knee times 16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right knee times 16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right knee times 16 sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee degenerative arthritis of the lateral compartment with prior MRI evidence of a bucket handle tear lateral meniscus. Date of injury is October 1, 2012. Request authorization is September 17, 2015. There is no progress note documentation from the requesting provider data September 17, 2015. There is progress note documentation from subsequent progress notes/office visit dated September 30, 2015 (after the request for authorization). Subjectively, the injured worker has a bucket handle tear of the posterior horn of the lateral meniscus. Subjectively, the injured worker has right knee complaints. Objectively, the examination of the right knee is unchanged. There is no recent physical examination. As noted above, there is no progress note documentation on or about September 17, 2015 indicating a request for additional physical therapy. There was a peer-to-peer conference call between utilization reviewer and the treating provider on October 1, 2015. [REDACTED], the MA at the office, states the injured worker was seen on September 30, 2015 in follow-up and was doing much better. At that time, the treating provider ([REDACTED]) did not request additional physical therapy and recommended the injured worker follow-up only as needed. As a result, there is no documentation coinciding with the request for authorization and there is no clinical discussion, indication or rationale for additional physical therapy. There are no physical therapy progress notes. The documentation does not demonstrate objective functional improvement support additional physical therapy. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with prior physical therapy progress notes, documentation from a peer-to-peer conference indicating the injured worker does not require additional physical therapy and no compelling clinical facts indicating additional physical therapy is warranted, physical therapy to the right knee times 16 sessions is not medically necessary.