

Case Number:	CM15-0199720		
Date Assigned:	10/14/2015	Date of Injury:	09/24/2013
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/12/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old female, who sustained an industrial-work injury on 9-24-13. She reported initial complaints of ankle and right knee pain. The injured worker was diagnosed as having knee and ankle pain-strain-derangement. Treatment to date has included medication, physical therapy, and home exercise program (HEP). Currently, the injured worker complains of right knee and ankle pain that has decreased since last visit. Pain is rated 2 out of 10 with medications and 3 out of 10 without. Sleep quality is good. Medication includes Tylenol ES 500 mg. Activity level has increased. Per the primary physician's progress report (PR-2) on 8-21-15, exam notes normal gait, able to perform toe walking and tandem gait, unable to perform heel walking, tenderness to palpation over the right medial and lateral joint line, reduced knee range of motion, positive McMurray's test, valgus maneuver produces pain, mid cycle click in the right knee. The bilateral ankles reveal tenderness to palpation over the inferior right lateral malleolus, reduced range of motion, and pain on passive inversion. Motor strength s 4 out of 5 in the right ankle plantar flexor muscle groups and sensory exam is normal. Current plan of care includes continue HE P, trial of Voltaren 1% gel, and physical therapy for right knee. The Request for Authorization requested service to include 12 Additional physical therapy right knee 2 times a week for 6 weeks. The Utilization Review on 9-9-15 denied the request for 12 Additional physical therapy right knee 2 times a week for 6 weeks, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy right knee 2 times a week for 6 weeks: 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 rationale: 12 Additional physical therapy right knee 2 times a week for 6 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior right knee PT sessions the patient has had; why she is unable to perform an independent home exercise program; and the outcome of her prior right knee PT. Without clarification of this information the request for physical therapy for the right knee is not medically necessary.