MAXIMUS Federal Services

Case Number:	CM15-0206046		
Date Assigned:	10/22/2015	Date of Injury:	04/19/2010
Decision Date:	12/11/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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 41-year-old male who sustained an industrial injury on and 4-19-2010 has been treated for right knee strain status post scope x3, and recurrent internal derangement. On 8-31-2015, the injured worker reported bilateral knee pain with the right being worse including popping, swelling, and "giving way." Right knee range of motion was noted to be from 0-105 degrees, there was a positive McMurray's test, and the physician noted tenderness along the medial and lateral joint lines with palpation. Documented treatment includes right knee partial medial meniscectomy, synectomy, debridement, and chondroplasty surgery 11-22-2010; and he is noted to have had two other arthroscopic surgeries prior to 2015. It was stated in the 3-23-2015 note that he was in the process of attending physical therapy, but details specific to amount and response are not present in the provided records. The treating physician's plan of care includes an additional 12 sessions of physical therapy for the right knee, which was non-certified on 9-23-2015. Current work status is light duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Knee x 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee, Physical Therapy.

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

Decision rationale: The records indicate the patient has ongoing right knee pain despite arthroscopic surgery x3. The current request for consideration is physical therapy right knee x 12. The attending report dated 9/30/15 states, "I request authorization for physical therapy two times a week for the next six weeks, focusing on the right knee. The focus should include strength training, increasing range of motion, and decreasing pain." The CA MTUS was consulted and has this to say regarding physical therapy: Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate the patient has had 14 certified physical therapy sessions. The current request exceeds MTUS guidelines, which allow 9-10 visits over 8 weeks. However, the records provide no documentation of improved functional benefit with the previous physical therapy and the current request exceeds the MTUS guideline recommendation. As such, the current request is not consistent with MTUS guidelines and not medically necessary.