

Case Number:	CM15-0207093		
Date Assigned:	10/23/2015	Date of Injury:	07/24/2014
Decision Date:	12/07/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on 7-24-2014. Medical records indicate the worker is undergoing treatment for internal derangement of the knee and patella pain. The most recent progress report dated 7-29-2015, reported the injured worker complained of left knee pain rated 5 out of 10. Physical examination revealed medial joint line tenderness with stiffness and "limited range of motion". Left knee x rays showed no increase in osteoarthritis. Treatment to date has included physical therapy and medication management. The physician is requesting Physical Therapy 3x4 weeks for the left knee. On 9-28-2015, the Utilization Review noncertified the request for Physical Therapy 3x4 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 weeks for the left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in July 2014 when she tripped with a twisting injury to her left knee. She was evaluated for physical therapy in September 2014. Through 11/26/14 eleven treatments were completed. When seen, she was having left knee pain rated at 5/10. Physical examination findings included medial joint line tenderness with decreased range of motion. X-rays showed no increase in arthritis. Authorization was requested for 12 physical therapy treatments. An ultrasound guided cortisone injection was administered. The claimant is being treated for chronic pain with no new injury and has already had physical therapy for the knee. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.