

Case Number:	CM15-0207944		
Date Assigned:	10/26/2015	Date of Injury:	03/25/2010
Decision Date:	12/08/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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 42 year old male, who sustained an industrial injury on 3-25-10. The injured worker was being treated for right knee pain. On 6-29-15, the injured worker complains of pain in superior aspect of the patella with locking. He denies instability. Work status is noted to be regular duty. Physical exam performed on 6-29-15 revealed effusion, crepitus and pain in patellofemoral joint of right lower extremity. Treatment to date has included oral medications including Motrin, 12 physical therapy visits (2010; unclear of improvement with previous therapy), home exercise program, steroid injections to knee and activity modifications. On 7-1-15 request for authorization for 12 physical therapy visits was submitted. On 10-14-15 request for 12 physical therapy visits was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

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 March 2010 while exiting his [REDACTED] when he twisted on his right foot and fell pain in the right calf. Case notes reference 12 physical therapy treatments in 2010. He sustained a direct injury to the right knee in May 2012 resulting in chondromalacia patella. In June 2015, he was having increased right knee pain. He was having catching of the knee. He was taking Motrin. He was not having instability. Physical examination findings included a joint effusion. There was pain at the patellofemoral joint with crepitus. Another course of 12 sessions of physical therapy was requested. In August 2015, he had been sent to physical therapy and Indocin had been prescribed with no change. He was having pain when sitting for long periods of time. He had increased swelling and there was medial joint line tenderness with positive McMurray's testing. He had an antalgic gait. An MRI of the knee was requested and a cortisone injection was administered. The claimant is being treated for chronic pain with no new injury to the knee and has already had physical therapy. 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. 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 does not reflect a fading of skilled treatments. It is not medically necessary.