

Case Number:	CM15-0024688		
Date Assigned:	02/17/2015	Date of Injury:	02/18/2013
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/09/2015

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 26 year old female, who sustained an industrial injury on 02/18/2013. The diagnoses have included torn right anterior cruciate ligament with medial and lateral meniscus tear, chondromalacia of the patella and lateral femoral condyle, status post arthroscopy, anterior cruciate ligament reconstruction, partial meniscectomies, and chondroplasty on 12/27/2013. Noted treatments to date have included surgery, physical therapy, and medications. Diagnostics to date have included right knee MRI on 08/14/2014 which showed status post apparent lateral, greater than medial, meniscectomies with the posterior horn of the medial meniscus having a very small irregularity to its articular undersurface, which is postsurgical versus a small tear, per visit note. In a progress note dated 01/05/2015, the injured worker presented with complaints of continued knee pain. The treating physician reported the injured worker wants more physical therapy. Utilization Review determination on 01/26/2015 non-certified the request for Physical Therapy 3 times a week for 4 weeks on Right Knee citing Medical Treatment Utilization Schedule Guidelines.

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, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 99.

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

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for chronic knee pain with treatments including arthroscopic surgery and physical therapy. 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 and therefore not medically necessary. Additionally, the claimant 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. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program.