

Case Number:	CM15-0026336		
Date Assigned:	02/18/2015	Date of Injury:	02/03/2003
Decision Date:	04/21/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/11/2015

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 was a 43 year old female, who sustained an industrial injury, February 3, 2003. The injured worker previously received the following treatments; 2 prior arthroscopic surgeries to the right knee, right knee MRI and Lidoderm Patches. The injured worker was diagnosed with chondromalacia, joint pain of the right lower leg. According to progress note of January 6, 2015, the injured workers chief complaint was right knee pain. The physical exam noted swelling and tenderness around the lateral aspect of the right knee extending up into the right hip in addition to generalized erythema and tenderness around the anterior tibial plateau. The treatment plan included a reevaluation for surgical consultation and physical therapy 12 sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 sessions for the right knee: Upheld

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

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 is more than 10 years status post work-related injury and continues to be treated for chronic right knee pain with a diagnosis of patellofemoral syndrome and a partial ACL tear. Her last knee surgery was in 2006. 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.