

Case Number:	CM15-0026812		
Date Assigned:	02/19/2015	Date of Injury:	05/03/2007
Decision Date:	04/06/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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

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 female with an industrial injury dated May 3, 2007. The injured worker diagnoses include ankle pain, knee pain and osteoarthritis of the knee. She has been treated with diagnostic studies and periodic follow up visits. In a progress note dated 10/10/2014, her treating physician reports a body mass index of 38.6, medial and lateral joint line tenderness of the knee, and patellofemoral crepitation. The treating physician also noted mild medial and lateral tenderness of right ankle, mild pain on plantar stretch and medial plantar facial tenderness on the heel. The treating physician's assessment revealed status post anterior cruciate ligament (ACL) reconstruction of left knee with osteoarthritis and osteoarthritis of the right ankle with pain related to medial plantar fasciitis. There were no current medical records submitted for review. The treating physician is requesting eight sessions of physical therapy (2 x weeks x 4 weeks) to right knee. UR determination on February 4, 2015 denied the request for eight sessions of physical therapy (2 x weeks x 4 weeks) to right knee, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy 2x week x 4 weeks to right knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient was injured on 05/03/2007 and presents with right ankle pain and right/left knee pain. The request is for 8 sessions of PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS TO THE RIGHT KNEE. There is no RFA provided and the patient's work status is unknown. Examination of her knee shows medial and lateral joint line tenderness, patellofemoral crepitation during ranging, right ankle has mild medial/lateral tenderness, mild pain on plantar stretch, and medial plantar fascia tenderness on the heel. The patient is status post ACL reconstruction on left knee with osteoarthritis left and right and osteoarthritis to the right ankle with pain related to medial plantar fasciitis. The patient is diagnosed with knee pain and ankle pain. There is no indication of any recent surgery on the right knee. Review of the reports does not indicate the patient has had any prior physical therapy to the right knee. MTUS pages 98 and 99 has the following: "Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less) plus active self-directed home physical medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. It does not appear the patient has had any prior physical therapy to the right knee nor is there any indication of any recent surgery the patient may have had to her right knee. The requested 8 sessions of physical therapy is within MTUS Guidelines. Therefore, the requested physical therapy IS medically necessary.