MAXIMUS Federal Services

Case Number:	CM15-0027567		
Date Assigned:	02/19/2015	Date of Injury:	05/13/2013
Decision Date:	04/07/2015	UR Denial Date:	01/31/2015
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 52 year old female, who sustained an industrial injury on May 13, 2013. She has reported progressive left knee pain. The diagnoses have included pain in lower leg joint, and bilateral knee pain. Treatment to date has included physical therapy, left knee injection, and medications. Currently, the injured worker complains of left medial joint pain in her knee. The Treating Physician's report dated January 21, 2015,noted a left knee MRI dated September 12, 2013, that showed a grade 3 tear of the posterior horn of the medial meniscus and some significant chondral changes about the central trochlea, the central patella, with subchondral changes. Examination of the left knee showed tenderness to palpation over the medial joint line, medial aspect of the knee, and medial posterior knee, with some swelling in this area. On January 31, 2015, Utilization Review non-certified physical therapy for the left knee, 2 times a week for 3 weeks; 6 sessions, noting that there were no specific comments regarding the evidence of functional gains from previous physical therapy, modifying the request to approve physical therapy x2 only to allow for the completion of as stabilization/strengthening program along with instruction for a home exercise program. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 12, 2015, the injured worker submitted an application for IMR for review of physical therapy for the left knee, 2 times a week for 3 weeks; 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, 2 times a week for 3 weeks; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 98-99.

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

Decision rationale: The patient presents with left knee pain. The request is for PHYSICAL THERAPY FOR THE LEFT KNEE 2 TIMES A WEEK FOR 3 WEEKS 6 SESSIONS. Physical examination on 11/12/14 to the left knee revealed tenderness to palpation over the medial joint line, medial aspect of the knee, and medial posterior knee. Patient has completed 6 sessions of physical therapy treatments with benefits. Patient's diagnosis, per 11/12/14 progress report, includes pain in joint lower leg, bilateral knees, Left greater than Right. Per 09/29/14 progress report, patient's medication includes Ibuprofen. Patient's work status is modified duties. MTUS pages 98, 99 have 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." The treater does not discuss the request or provide a rationale. The UR letter from 1/31/15 modified the request allowing 2 sessions. Review of the reports show that the patient has had 6 recent sessions of therapy with some benefit. There is no discussion regarding why additional treatments are needed and why home exercises are inadequate. The patient is not post-op, and there is no evidence of a flare-up or decline in function requiring formalized therapy. The requested 6 additional sessions combined with 6 already received would exceed what is recommended per MTUS. The request IS NOT medically necessary.