MAXIMUS Federal Services

Case Number:	CM15-0217358		
Date Assigned:	11/09/2015	Date of Injury:	12/11/2014
Decision Date:	12/18/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 55 year old female who sustained an industrial injury December 11, 2014. Past history included right knee arthroscopy meniscectomy. Diagnoses are chondromalacia of patella; other tear of cartilage or meniscus of knee; pain in joint, knee. According to a primary treating physician's progress report dated September 17, 2015, the injured worker presented with complaints of intermittent pain in both knees, rated 3-6 out of 10, right greater than left, with some cracking and popping, worse with walking, standing, getting up from a seated position. She is currently undergoing physical therapy.{A physician notes dated June 16, 2015, documented an MRI left knee dated May 7, 2015 impression tricompartment chondromalacia; medial meniscus intrasubstance degeneration with probable small tear in the posterior horn; small popliteal cyst. At that time the injured worker was undergoing physical therapy for the right knee, unspecified number of visits completed} Objective findings included; normal station and gait; knee: well healed port scars right knee, tenderness medial and lateral joint line, range of motion normalized. Treatment plan included a trial of full duty starting 09-21-2015, continue medication, and finish current course of physical therapy. At issue is a request for authorization for six sessions of physical therapy. According to utilization review dated October 30, 2015, the request for (6) sessions of physical therapy is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, 8-10 sessions of physical therapy is recommended for most conditions. IN this case, the claimant has undergone an unknown amount of therapy for several months. There is no indication that additional therapy cannot be completed at home. The request for additional 6 sessions of physical therapy is not medically necessary.