

Case Number:	CM15-0219461		
Date Assigned:	11/12/2015	Date of Injury:	06/20/2006
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/06/2015

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: Preventive Medicine, Occupational Medicine

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 56 year old female, who sustained an industrial injury on 06-20-2006. She has reported injury to the left knee. The diagnoses have included pain in left knee; unspecified internal derangement of left knee; and unilateral primary osteoarthritis, left knee. Treatment to date has included medications, diagnostics, physical therapy, home exercise program and surgical intervention. Medications have included Anaprox. A progress report from the treating physician, dated 10-22-2015, documented a follow-up visit with the injured worker. The injured worker reported that she "is still having some pain with occasional cracking and popping in her knee"; she is finished with left knee physical therapy, but does continue to do her home exercises daily; she is currently taking Anaprox twice a day; and she is complaining of right knee pain, but denies any specific injuries. Objective findings included she is status post left knee arthroscopy and corrections, on 01-27-2015; she ambulates with a non-antalgic gait; left knee demonstrates full range of motion; no coronal or sagittal laxity noted; and no effusion noted. The treatment plan has included the request for physical therapy two times a week for six weeks for the left knee. The original utilization review, dated 10-27-2015, non-certified the request for physical therapy two times a week for six weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has completed at least 12 post-operative physical therapy sessions and is outside the post-operative period. Additionally, this request for 12 sessions exceeds the recommendations of the guidelines. The request for physical therapy two times a week for six weeks for the left knee is not medically necessary.