

Case Number:	CM15-0221537		
Date Assigned:	11/17/2015	Date of Injury:	01/28/2010
Decision Date:	12/24/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/11/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 45 year old female, who sustained an industrial injury on 1-28-2010. The injured worker was diagnosed as having status post left knee arthroscopy with partial medial meniscectomy 3-09-2012, patellofemoral chondromalacia right knee, lumbar strain, and tear medial meniscus left knee. Treatment to date has included diagnostics, unspecified physical therapy, and medications. On 10-21-2015, the injured worker complains of neck pain with radiation to the base of the skull and head-face, bilateral shoulder pain, bilateral elbow pain, low back pain with radiation to mid back and buttocks, down the bilateral lower extremities, and bilateral knee pain (left greater than right). Knee pain was rated 7 out of 10. Current medications included Voltaren gel, Prilosec DR, Norco, and Ibuprofen. Function with activities of daily living was not described. Exam of the knees noted tenderness over the left medial and lateral joint line, and mild tenderness over the medial and lateral, as well as the patellar tendon on the right. Range of motion was 0-136 on the left and -2 to 140 on the right. McMurray's was positive on the right. The treatment plan included physical therapy to the bilateral knees, 2x3. Disability status was permanent and stationary. Orthopedic Qualified Medical Evaluation (9-10-2015) recommended 3 sessions of physical therapy for instruction in exercises to maintain strength in her core muscles and quadriceps. It was not clear when the injured worker last underwent physical therapy sessions and what the results of those sessions were. On 11-10-2015 Utilization Review non-certified a request for physical therapy x6 (2x3) for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 x weekly, bilateral knees (qty 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week to the bilateral knees, (qty 6) sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left knee arthroscopy with partial medial meniscectomy 3-09-2012, patellofemoral chondromalacia right knee, lumbar strain, and tear medial meniscus left knee. Treatment to date has included diagnostics, unspecified physical therapy, and medications. Date of injury is January 28, 2010. Request for authorization is October 21, 2015. The injured worker status post left knee arthroscopy March 1, 2012. According to a progress note dated October 2, 2015 (the only progress note by the requesting provider), subjective complaints include pain in back pain with bilateral shoulder, elbow and knee pain 7/10. Objectively, there is tenderness over the left medial and lateral joint lines and right knee tenderness (mild) the medial and lateral joint line and patella tendon. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement from prior physical therapy. There are no compelling facts in the medical record indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy two times per week to the bilateral knees, (qty 6) sessions are not medically necessary.