

Case Number:	CM15-0221615		
Date Assigned:	11/17/2015	Date of Injury:	10/09/2013
Decision Date:	12/24/2015	UR Denial Date:	10/28/2015
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 53 year old female, who sustained an industrial injury on 10-9-2013. The injured worker is undergoing treatment for right knee pain. On 8-10-15 and 9-21-15, she reported right knee pain with radiation into the leg, ankle and foot. She rated the pain 7 out of 10. Physical examination revealed healed arthroscopic portals, antalgic gait on the right and tenderness at the medial side of the right knee. The treatment and diagnostic testing to date has included: ice, elevation, and medications, right knee surgery (7-30-15), and at least 4 completed physical therapy sessions. There is no discussion regarding functional improvement with the already completed physical therapy sessions. Medications have included motrin, and meloxicam. Current work status: temporarily totally disabled. The request for authorization is for physical therapy 2 x 4 weeks for the right knee. The UR dated 10-28-2015: non-certified the request for physical therapy 2 x 4 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 weeks for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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 times four weeks to the right knee is 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 mechanical slip and fall; chronic right knee pain with fat pad impingement and Plica syndrome; status post excision of large Plica; localized grade III chondromalacia medial femoral condyle status post chondroplasty; anterior horn of lateral meniscal tear status post partial lateral meniscectomy; progressive left knee pain, compensatory and surgery right knee July 30, 2015. Date of injury is October 9, 2013. Request for authorization is October 21, 2015 area the worker's status post right knee arthroscopy July 30, 2015. According to progress note dated September 21, 2015, the injured worker's subjective complaints right knee pain mild that radiates to the leg and ankle. Pain score is 7/10. Objectively, the injured worker ambulates with an antalgic gait and there is tenderness on the medial side. According to a September 17, 2015 physical therapy progress note, the worker completed #7 treatment sessions. The total number of physical therapy sessions to date is not specified. There are no additional physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (12 sessions over 12 weeks) is clinically indicated. Additionally, the physical therapy progress note indicates the injured worker is engaged in a home exercise program. The treating provider requested an additional eight sessions of physical therapy to the right knee. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy two times per week times four weeks to the right knee is not medically necessary.