MAXIMUS Federal Services

Case Number:	CM15-0223342		
Date Assigned:	11/19/2015	Date of Injury:	03/18/2011
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/13/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old woman sustained an industrial injury on 3-18-2011. Diagnoses include status post left knee arthroscopic surgery, left knee meniscal tear, left Achilles tendon partial tear, stress, anxiety, and depression. Treatment has included oral medications. Physician notes dated 10-2-2015 show complaints of left knee and ankle pain. The physical examination shows tenderness to palpation of the medial and lateral aspects of the knee with some effusion and crepitus and tenderness to palpation over the Achilles tendon. Recommendations include physical therapy and follow up as needed. Utilization Review denied a request for physical therapy on 10-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks left knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2011. In June 2011, an MRI of the left knee showed findings of a meniscal tear and an MRI of the left ankle in July 2011 showed findings of a partial Achilles tendon tear. The claimant underwent left knee arthroscopic surgery with partial meniscectomies, chondroplasty, and tricompartmental synovectomy in September 2012. She continues to be treated for left knee and ankle pain, difficulty sleeping, and secondary depression, anxiety, and stress. In November 2013, she was receiving physical therapy for her left knee. She had completed one of 12 planned treatment sessions. She was working with restrictions. In July 2014, she had worsening pain. She was using a cane and walker. Left knee replacement surgery was being considered. In June 2015, she was having a flare-up of left knee and ankle pain. Her weight was 314 pounds. Physical examination findings included left knee tenderness with crepitus and an effusion. There was left ankle tenderness. Authorization for 12 sessions of physical therapy was requested. When seen in October 2015 she was continuing to use a walker. Physical examination findings were unchanged. Recommendations included a continued home exercise program. Authorization for eight sessions of physical therapy was requested. She was continued at permanent disability status. The claimant is being treated for chronic knee pain with no new injury and has already had physical therapy with current recommendations including a continued home exercise program. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program and is not medically necessary.