

Case Number:	CM15-0032987		
Date Assigned:	02/26/2015	Date of Injury:	06/07/2010
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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 63 year old female, who sustained an industrial injury on 6/7/10. She has reported pain in the right knee. The diagnoses have included right knee osteoarthritis and right knee patellar tendinitis. Treatment to date has included right knee x-rays, right knee Synvisc injection and oral medications. She has undergone previous menisectomies and therapy. As of the PR2 dated 1/13/15, the injured worker reports 5/5 sharp pain in the right knee. The treating physician noted a large effusion present on the right knee and tenderness with palpation. The treating physician requested In-home physical therapy 2x week for 2 weeks. On 1/29/15 Utilization Review non-certified a request for In-home physical therapy 2x week for 2 weeks. The utilization review physician cited the MTUS chronic pain, home health services guidelines. On 2/6/15, the injured worker submitted an application for IMR for review of In-home physical therapy 2x week for 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Home physical therapy 2x2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation ODG knee chapter and pg 54.

Decision rationale: According to the ODG guidelines, most therapy for menisectomy, sprains and post-surgical are up to 12 sessions over 12 weeks. The ACOEM guidelines recommend therapy for education and counseling which can later be performed at home. In this case, the claimant had received numerous unknown amounts of therapy sessions in the past. Therapy notes are not provided. In addition, there was no recent surgery in past 3 months. There is no indication that the claimant cannot perform the exercises on her own at home. The request above is not medically necessary.