

Case Number:	CM15-0040458		
Date Assigned:	03/10/2015	Date of Injury:	11/03/2010
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/03/2015

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:

The injured worker is a female patient, who sustained an industrial injury on 11/03/2010. A secondary treating office report date 12/10/2014, reported the patient with no new complaints, taking medications as directed; with headache, blurred vision, and gastric upset. To be seen by cardiologist for pre-operative clearance. Objective findings showed hypertension. The plan of care involved continuing with current medications and pending cardiology appointment. A primary treating office visit dated 12/18/2014 reported the patient temporarily totally disabled through 60 days. A magnetic resonance imaging of left knee to be scheduled, urine drug screening, physical therapy, aqua therapy treating right knee. She has subjective complaint of left knee pain rated a 4 out of 10 in intensity with popping, clicking, locking up and giving out. She states post-operative therapy is helping. Her right knee pain is rated an 8 out of 10 in intensity; it's located subpatellar secondary to compensatory movements. She is noted taking Norco for pain, Ambien for sleep and was given Ativan. The following diagnoses are applied: status post left knee arthroscopy 08/20/2014, revision 01/24/2013 with manipulation and another arthroscopy surgery on 07/31/2014. Gastris secondary to medications, depression, grinding teeth and right knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines.

MAXIMUS guideline: 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-related injury in November 2010 and underwent knee arthroscopy in August 2014 and had completed 12 sessions of outpatient physical therapy as of October 2014. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is therefore being treated under the chronic pain guidelines. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary.