

Case Number:	CM15-0047399		
Date Assigned:	03/19/2015	Date of Injury:	12/06/2010
Decision Date:	04/24/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, 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:

This is a 50-year-old female patient who sustained an industrial injury to bilateral knees on 12/6/10. She sustained the injury due to being pushed by a resident. The current diagnoses included bilateral knee arthritis. Per the doctor's note dated 2/25/2015, she had complaints of bilateral knee pain. Physical examination revealed knee extension 0 degree and crepitus with range of motion. Per the PR-2 dated 1/8/15, she had cortisone injections without relief. Physical exam was remarkable for right knee with tenderness to palpation at the medial joint line, moderate crepitus, mild popping with motion. There was no instability or neurovascular abnormality. The medications list includes Norco, Naproxen, HCTZ, Atenolol and Phentermine. She has undergone right knee arthroscopy on 12/22/2011; left knee arthroscopy on 9/25/2013. She has had cortisone injections for this injury. She has had unspecified numbers of physical therapy visits and aqua therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Request: Physical Therapy for the right knee, 6 visits. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." In addition, patient had no tenderness and improved sensation. Therefore, significant functional deficit that would require additional physical therapy visits is not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical Therapy for the right knee, 6 visits is not established for this patient at this time. Therefore, the request is not medically necessary.