

Case Number:	CM15-0052355		
Date Assigned:	03/25/2015	Date of Injury:	07/27/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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 54 year old female who sustained an industrial injury on 07/27/2012. Current diagnoses include neck sprain and strain, post op right partial meniscectomy, and left rotator cuff tear. Previous treatments included medication management, lumbar epidural steroid injection, surgery, and physical therapy. Previous diagnostic studies included MRI's and EMG of bilateral upper and lower extremity. Report dated 02/19/2015 noted that the injured worker presented with complaints that included right knee swelling with increased pain and left shoulder pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included physical therapy and follow-up. Disputed treatment includes physical therapy, 2 times weekly for 3 weeks (6 sessions), for right knee as outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 2 times weekly for 3 weeks (6 sessions), for Right Knee as outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): table 2.

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-related injury in and continues to be treated for knee pain. He has undergone a partial meniscectomy. When seen, he had decreased range of motion and strength with joint line tenderness and an effusion. 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 within that recommended and therefore medically necessary.