

Case Number:	CM15-0058002		
Date Assigned:	04/02/2015	Date of Injury:	02/21/2014
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, with a reported date of injury of 02/21/2014. The diagnoses include left knee pain, left patella contusion, left patellofemoral pain syndrome, left knee sprain, and left lower extremity osteoarthritis. Treatments to date included Celebrex, Tramadol, Omeprazole, Etodolac, physical therapy, an MRI of the left knee, an x-ray of the left knee, an injection to the left knee, and Orthovisc series (12/2014). The medical records provided for review included the physical therapy reports for thirteen visits. The progress report dated 12/31/2014 indicates that the injured worker complained of moderate, sharp left knee pain that was worse with walking, stairs, and squatting. It was noted that the injured worker did not have any improvement from the physical therapy or the injection. The objective findings of the left knee include no effusion, diffuse tenderness to palpation of the medial patella and plica, pain with hyperflexion, and normal strength. The treating physician requested continued physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy 2 times a week for 4 weeks- left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient has a date of injury of 02/21/14 and presents with pain in her low back, wrist, knee and hand. The current request is for CONTINUED PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS-LEFT KNEE. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Physical examination of the left knee revealed swelling in the knee joint, crepitus noted with active movement and tenderness over the lateral joint line and patella. The patient was seen by a specialist on 10/06/14, and he did not recommend surgery. Review of the medical file indicates that the patient participated in 14 physical therapy sessions between 4/11/14 and 7/11/14 to address the patient's contusion of the left knee. In this case, there is no report of new injury, new diagnoses, new examination findings or recent surgery to substantiate the current request. Furthermore, the treating physician has not provided any discussion as to why the patient would not be able to transition into a self-directed home exercise program. The requested physical therapy IS NOT medically necessary.