

Case Number:	CM15-0059002		
Date Assigned:	04/03/2015	Date of Injury:	05/14/2012
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 57 year old male, who sustained an industrial injury on 6/14/12. He reported pain in the left knee. The injured worker was diagnosed as having osteoarthritis in lower leg, stiffness of joint, status post left knee patellofemoral Makoplasty and right knee patellofemoral chondromalacia related to overuse. Treatment to date has included an H-wave unit, physical therapy, left knee manipulation and arthroscopy on 12/5/14 and pain medications. As of the PR2 dated 2/22/15, the injured worker reports continued pain in the left knee. He is using an H-wave device that gives him 50% improvement in the pain, but would like to continue with physical therapy as well. The treating physician requested physical therapy 2-3 x weekly for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2-3 times a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS 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 Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week times six weeks to the left knee is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses is the stiffness of joint not elsewhere classified, lower leg. The injured worker has a history of ACL repair in April 2013. The injured worker underwent two manipulations under anesthesia of the affected knee. The last manipulation was on December 5, 2014. In a progress note dated January 14, 2015, the documentation indicates the injured worker completed 12 physical therapy sessions. There was no objective functional improvement documented in the medical record. The utilization review physician initiated a peer-to-peer conference call. The physicians reached a consensus indicating #4 additional physical therapy sessions were appropriate to transition the injured worker to a home exercise program. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant additional physical therapy over that allowed pursuant to the guidelines. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical documentation to warrant additional physical therapy over that recommended by the guidelines, physical therapy 2 to 3 times per week times six weeks to the left knee is not medically necessary.