

Case Number:	CM15-0061018		
Date Assigned:	04/07/2015	Date of Injury:	11/11/2005
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/31/2015

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 53 year old female, who sustained an industrial injury on November 11, 2005. The injured worker was diagnosed as having right knee arthroplasty with continued pain and osteochondritis right knee. Treatment and diagnostic studies to date have included right knee arthroscopy. A progress note dated February 17, 2015 provides the injured worker complains of right knee pain and weakness. Physical exam notes the injured worker ambulates with crutches. There is tenderness of the right knee and weakness with normal range of motion (ROM). The plan includes physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #8 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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 November 2005 and underwent right knee arthroscopic surgery in July 2014 and had post-operative physical therapy. When seen, she had decreased range of motion and strength and was ambulating with crutches. In this case, the claimant is more than 6 months status post surgery, and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. Additionally, the claimant has already had physical therapy. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing the number of additional skilled physical therapy treatments requested would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.