

Case Number:	CM15-0081750		
Date Assigned:	05/04/2015	Date of Injury:	07/21/2010
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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 53-year-old female, who sustained an industrial injury on 7/21/10. The diagnoses have included status post right knee arthroscopy, right patellofemoral joint degenerative arthritis, and possible instability of the right patella. Treatment to date has included medications, injections, status post right knee arthroscopy surgery, conservative care, bracing, activity modifications, and physical therapy. The diagnostic testing that was performed included x-rays, Magnetic Resonance Imaging (MRI) and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral lower extremities. Currently, as per the physician progress note dated 4/8/15, the injured worker complains of right knee pain, popping and clicking of the knee cap. She also reports swelling in the right knee and left knee pain at times. The pain is rated 8/10 on pain scale which has worsened since the last visit which was rated 6/10. Physical exam of the right knee revealed crepitus with range of motion, tenderness and positive patellar inhibition sign. There was previous physical therapy sessions noted in the records. The physician requested treatment included Physical Therapy 2 times a week for 6 weeks to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 times per week for 6 weeks to the right 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post right knee arthroscopy; right patellofemoral joint degenerative arthritis; possible instability of the right patella. Subjectively, according to an April 8, 2015 progress note, the injured worker complains of right knee popping and clicking. There is pain and swelling of the right knee. The VAS pain score was 8/10. Objectively, the injured worker has peri-patellar tenderness. There is no medial or lateral laxity. There is crepitus with range of motion. The documentation indicates the injured worker had a right knee arthroscopy/meniscectomy on July 17, 2014. The injured worker had postoperative physical therapy. There is no documentation indicating objective functional improvement, progression of improvement and the total number of physical therapy sessions to date. The treating provider is requesting an additional 12 sessions of physical therapy. There are no compelling clinical facts in the documentation indicating additional physical therapy is warranted. Consequently, absent clinical documentation with prior physical therapy progress notes, total number of physical therapy sessions to date and compelling clinical documentation indicating additional therapy is warranted, physical therapy 2 times per week for 6 weeks to the right knee is not medically necessary.