

Case Number:	CM15-0083514		
Date Assigned:	05/05/2015	Date of Injury:	08/11/2000
Decision Date:	06/04/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55-year-old female, with a reported date of injury of 08/11/2000. The diagnoses include right knee sprain/strain with medial meniscus tear. She has had a prior meniscectomy x 2 on the left knee. Treatments to date have included Vicodin, and Motrin. The progress report dated 03/19/2015 indicates that the injured worker complained of persistent flare-ups of pain about both of her knees. She rated her right knee pain 7 out of 10. The injured worker reported that her pain symptoms were exacerbated with prolonged standing/walking activities, and performance of some of her activities of daily living. The objective findings included tenderness over the medical joint about both knees, tenderness with swelling about the popliteal fossa region of the left knee, decreased range of motion of both knees, increased bilateral knee pain with range of motion, patellofemoral crepitus about both knees, an antalgic gait favoring the left knee, and positive McMurray's test in both knees. The treating physician requested eight physical therapy sessions for the right knee for the purpose of decreasing pain and increasing range of motion, and improving function about the knee. On 03/31/2015, Utilization Review (UR) denied the request because it was not clear how much physical therapy for treatment had been provided for this right knee injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy for the right knee, 2 times a week for 4 weeks: 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 rationale: 8 physical therapy for the right knee, 2 times a week for 4 weeks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with transition to an independent home exercise program. The documentation is not clear on how much prior therapy for the right knee the patient has had and the outcome. Without this information the request for 8 physical therapy sessions for the right knee is not medically necessary.