

Case Number:	CM15-0085021		
Date Assigned:	05/07/2015	Date of Injury:	01/11/2015
Decision Date:	06/08/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/04/2015

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 51 year old female, who sustained an industrial/work injury on 1/11/15. She reported initial complaints of back pain along with mild right knee and elbow pain. The injured worker was diagnosed as having right knee strain/contusion and low back pain/strain. Treatment to date has included medication, chiropractic care, diagnostics, and steroid injection. MRI results were reported on 3/11/15 revealed intact ligaments, mild chondromalacia, and fraying of the medial meniscus. X-Rays results for the right knee were reported on 4/15/15 reported essentially normal findings, no acute bony or soft tissue abnormalities, no joint space narrowing. A 3/25/15 document states that the knee pain is improving slowly but the patient feels that PT may be exacerbating knee pain rather than helping it. She remains off of work. Currently, the injured worker complains of back and right knee pain. Per the orthopedic physician's report on 4/15/15, examination of the right knee reports no locking or giveaway, no swelling, fully flex and extend, no sign of instability. Muscle strength is 5/5 in all muscle groups. Sensation is intact. There were tender points at the joint line and medial tibial plateau, patellofemoral crepitus. Steroid injection was not effective. Current plan of care included start home exercise program and start physical therapy. The requested treatments include additional physical therapy sessions for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Additional physical therapy sessions 2x4 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: 8 Additional physical therapy sessions 2x4 for the right knee are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition with transition to a home exercise program. The documentation indicates that the patient has 12 visits of PT and is unsure if the PT has been helping her or making her condition worse. Furthermore, at this point she should be well versed in a home exercise program. The request for additional physical therapy is not medically necessary.