

Case Number:	CM15-0241304		
Date Assigned:	12/18/2015	Date of Injury:	07/08/2014
Decision Date:	01/22/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/10/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old female, who sustained an industrial-work injury on 7-8-14. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain status post right knee arthroscopy. Treatment to date has included pain medication Relafen, right knee surgery (unknown date), physical therapy (unknown amount), off of work and other modalities. Medical records dated 10-21-15 indicate that the injured worker complains of persistent right knee pain status post right knee arthroscopy surgery. Per the treating physician report dated 10-21-15 the work status is temporary total disability. The physical exam dated 10-21-15 reveals pain with patellofemoral compression of the right knee, and range of motion with flexion of the right knee is decreased at 130 degrees. The physician indicates that the injured worker had right knee surgery through her private insurance and she has had minimal post-operative therapy. There is no physical therapy noted for the right knee in the records. The request for authorization date was 11-12-15 and requested service included Physical therapy 3 times a week times 4 weeks right knee. The original Utilization review dated 11-30-15 modified the request for Physical therapy 3 times a week times 4 weeks right knee modified to for Physical therapy 2 times a week times 2 weeks right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week times 4 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg chapter, Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: This claimant was injured in 2014. The functional improvement out of past therapy and the status of the independent home exercise program is not addressed. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. Moreover, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. The request is not medically necessary.