

Case Number:	CM14-0161550		
Date Assigned:	10/07/2014	Date of Injury:	01/25/2014
Decision Date:	11/12/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57 year old male who reported an injury on 01/25/2014. The mechanism of injury was while carrying empty boxes to field workers, the injured worker started having right knee pain and swelling. The injured worker is diagnosed with right knee chondromalacia patella and right knee medial meniscus tear. His past treatments included medications and four completed physical therapy sessions. Documentations submitted for review included an official right knee magnetic resonance imaging dated 05/09/2014. Upon physical examination of the right knee on 06/19/2014 the injured worker rated his pain 1-4/10 and reported that 4 completed sessions of physical therapy did not provide much relief. Upon physical examination of the right knee on 08/14/2014 the injured worker rated his pain 4-5/10 and stated that his pain could occasionally be severe and increased with kneeling and bending. Additionally, it was noted that on the right knee the injured worker had 130 degrees flexion, 0 degrees extension, a positive McMurray test and a positive patellar grind. The injured worker's medications were documented as Ketoprofen 75 mg up to three times a day as needed. The treatment plan included weight bearing as tolerated, full ROM, continued use of a right knee brace, continued use of current medication, ice therapy, home therapy and additional physical therapy sessions. The rationale for the request was to decrease his pain, increase his strength, increase his range of motion, and increase his activity. A request for authorization form dated 09/10/2014 was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Eight (8) physical therapy (PT) visits for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The injured worker had right knee pain that increased with physical activity. As per the 06/19/2014 physical examination it was documented the injured worker completed 4 physical therapy sessions that did not provide much relief and had a pain score of 1-4/10. As per the 07/17/2014 physical examination the injured worker stated the completed 4 physical therapy sessions were somewhat helpful and had a pain score of 3-4/10. Upon physical examination on 09/10/2014 the injured worker complained of right knee pain with no improvement. The California MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines recommend 9-10 visits for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. As per the last physical examination on 09/10/2014, the injured worker complained of right knee pain and no improvement after 4 completed sessions of physical therapy. It does not appear the injured worker made significant improvements in pain or function with previous therapy to support the request for additional therapy. In addition, the request for 8 additional sessions exceeds the guideline recommendations. As such, the request for additional Eight (8) physical therapy (PT) visits for the right knee is not medically necessary and appropriate.