

Case Number:	CM14-0211273		
Date Assigned:	12/24/2014	Date of Injury:	10/06/2010
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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

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:

Injured worker is a female with date of injury 10/6/2010. Per orthopedic letters to carrier dated 10/13/2014, the injured worker was seen for her left knee and left shoulder. The knee still continues to bother her. She has pain with overhead and lifting activity. She is still pending approval for her left shoulder for arthroscopic evaluation and repair. Her left knee has increased crepitus, grinding, and a feeling of popping about the patellofemoral region. She continues to have some lateral joint line pain and pain radiating down into her left leg and lower extremities. She states when she pops her ankle, her knee feels a little better. It may be related to her gait pattern and walking capacity. It has been several months since her knee surgery and she continues to be symptomatic. Per letter dated 10/31/2014, recent MRI suggests that she has inflammation of the anterior patella in the area of the extensor mechanism, most likely secondary to muscle weakness. There is no evidence of any new meniscal tear, lateral meniscal injury, or cruciate ligament injury. she needs physical therapy to strengthen her core, upper extremities as well as left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, 2-3 times a week for 8 weeks: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker is reported to be several months status post left knee surgery. The date of surgery is not provided, and it is not clear what the date of surgery is. The number of physical therapy sessions provided post-surgically and total to date is not provided. The status of a home exercise program is not provided. The amount of physical therapy sessions exceeds the number recommended by the MTUS Guidelines. The request for Physical therapy for the left knee, 2-3 times a week for 8 weeks is determined to not be medically necessary.