

Case Number:	CM14-0216536		
Date Assigned:	01/06/2015	Date of Injury:	11/01/2010
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

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: Family Practice

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 53 year old female who sustained a work related injury November 1, 2010. According to an agreed medical evaluation performed August 6, 2014, the injured worker is s/p right knee arthroscopy 2011, right knee lateral meniscus tear documented by MRI April 25, 2013(not in present medical record), and a right knee arthroscopy in February 2014. Diagnoses also included s/p right trigger thumb release; s/p first dorsal compartment release of the left thumb for DeQuervain's Tenosynovitis; internal derangement, right knee, probable lateral meniscus tear; and plantar fasciitis right foot. An MRI of the right knee(present in medical record) performed October 2, 2014, reveals mild to moderate truncation of the body of the lateral meniscus, consistent with a radial or displaced tear. At least a 2.2cm long region of mildly altered signal intensity is present within the posterior half of the medullary canal with the distal femoral diaphysis. This may represent a region of red marrow proliferation. Unless there is pain corresponding to this location, this is probably not a clinically significant finding. A bone scan may be useful to determine if this region is metabolically active. A primary orthopedic physician's follow-up visit dated December 3, 2014, reveals the injured worker is s/p right knee arthroscopic surgery (surgical event not dated). The injured worker describes residual calf tenderness and foot pain. Physical examination reveals the right knee with well healed surgical portals. Range of motion is 0-120 degrees. There is tenderness over the calf which is soft without swelling and a negative Homan's sign. There is no knee effusion and mild tenderness to patellofemoral pressure. The treatment plan included request for physical therapy twice a week for four weeks. Work status is documented as permanent and stationary as of July 30, 2014 and

this visit documents she is allowed to return to same work status. Of note, documentation reveals physical therapy performed December 11 and December 17, 2014, with a working diagnosis of patellar tendinitis. According to utilization review performed December 11, 2014, the request for physical therapy 2 times a week for 4 weeks is non-certified. Citing MTUS Chronic Pain Treatment Guidelines, continued physical therapy is recommended with documented objective evidence of derived functional benefit. The request is not supported at this time as the injured worker has had an extended course of physical therapy, totaling 60 sessions of PT to date with 24 sessions of physical therapy to the right knee and should be truly versed with self-directed stretching and strengthening exercises. As there has been no significant change in the clinical presentation, transition to home exercise program is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg, Physical medicine treatment

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

Decision rationale: The treatment guidelines call for the fading of the treatment frequency of physical therapy sessions (from up to 3 visits per week to 1 or less), to then be followed by an active self-directed home. This patient underwent knee surgery in 2104 and had an extended course of therapy sessions, 24 for one knee and 60 for the other. This number of session is far in excess of the guidelines already and there is no documentation of any new knee injury. The request for additional physical therapy is not medically indicated.