

Case Number:	CM15-0105499		
Date Assigned:	06/10/2015	Date of Injury:	05/19/2010
Decision Date:	07/10/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 05/19/2010. She reported injuring her right knee while climbing down a ladder. The injured worker is currently able to return to modified work. The injured worker is currently diagnosed as having right knee pain, recurrent meniscus tear, and knee arthritis. Treatment and diagnostics to date has included meniscectomy, Synvisc injection which helped some, right knee MRI which showed chronic tearing to medial meniscus, and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of increasing pain in the right knee which is worse with prolonged standing. Objective findings include mild effusion, tenderness to the right knee, and painful range of motion. The treating physician reported requesting authorization for physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, twice (2) per week for six (6) weeks for the Right Knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for right knee pain. She has a chronic medial meniscus tear and quadriceps tendinopathy by recent imaging. Prior treatments included a meniscectomy and October 2010. When seen, she was having mild to moderate knee pain increased with prolonged standing. There was joint line and patellar tenderness and pain with range of motion. McMurray's testing was positive. There was normal strength. The claimant is being treated for chronic pain. There is no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what should be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.