

Case Number:	CM15-0010972		
Date Assigned:	01/28/2015	Date of Injury:	06/03/2010
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/19/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial injury on to her left knee 06/03/2010. The diagnoses have included left knee arthroscopy on 06/04/2014 and right knee derangement, including tear of the medial meniscus, chondromalacia of the patella and popliteal cyst. Treatments to date have included chiropractic therapy, left knee surgery, and postoperative physical therapy. Diagnostics to date have included a left knee MRI which revealed a cyst and wearing of the knee. In a progress note dated 12/08/2014, the injured worker presented with complaints of sharp pain up and down the entire left knee, rating a 6-7/10. The treating physician reported the injured worker is not taking any medications at this time and is still participating in postoperative therapy. Utilization Review determination on 01/06/2015 non-certified the request for Physical therapy, Bilateral Knees, Quantity: 12:00 citing Medical Treatment Utilization Schedule Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral knees #12: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient had completed the postoperative physical therapy for the knee arthroscopy performed in June 2014. The requested number of 12 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.