MAXIMUS Federal Services

Case Number:	CM15-0014813		
Date Assigned:	02/02/2015	Date of Injury:	10/30/2012
Decision Date:	05/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female who sustained an industrial injury on 10/30/2012. Current diagnosis includes status post right knee arthroscopy. Previous treatments included medication management, physical therapy, right knee surgery on 06/11/2013, and right knee injection. Previous diagnostic studies include an MRI's of the right knee and standing x-rays. Initial complaints included right knee pain and swelling. Report dated 01/06/2015 noted that the injured worker presented with complaints that included persistent right knee pain that is improving with therapy. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included physical therapy, temporary disability, follow up in 4 weeks, and refill medications. Disputed treatments include Physical therapy 2 x 4 (8 sessions), right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 (8 sessions), right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

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

Decision rationale: Based on the 01/06/15 progress report provided by treating physician, the patient presents with right knee pain. The request is for physical therapy 2 x 4 (8 sessions), right knee. The patient is status post right knee surgery on 06/11/13. Patient's diagnosis per Request for Authorization form dated 01/06/15 includes other and unspecified derangement of medial meniscus, and other postsurgical status. Diagnosis on 11/18/14 included status post right knee arthroscopy with slow improvement. Per 11/18/14 progress report, patient continues with home exercise program. Patient medications include Vicodin. Patient is temporarily totally disabled, per 01/06/15 treater report. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The patient is no longer within post-operative treatment period. Per 11/18/14 progress report, treater states "the pain medicine is effective and helps [the patient] to become more active and helps her tolerate her physical therapy. We request additional physical therapy, 2 times a week for 4 weeks." Given patient's diagnosis and continued symptoms, a short course of physical therapy would be indicated by guidelines. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why on-going therapy is needed, either. Furthermore, the request for 8 sessions plus the unknown number of prior visits would exceed what is allowed by MTUS for the patient's condition. Therefore, the request is not medically necessary.