

Case Number:	CM15-0015373		
Date Assigned:	02/03/2015	Date of Injury:	03/12/2009
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii
 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 (IW) is a 39 year old male, who sustained an industrial injury on March 9, 2009. He has reported bilateral knee pain and was diagnosed with bilateral derangement of the knees and right and left knee sprain with meniscus tears. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative treatment modalities, medications and work modifications. Currently, the injured worker complains of chronic bilateral knee pain. The injured worker reported an industrial injury in 2009, resulting in chronic bilateral knee pain. It was noted he required surgical intervention of the left knee on September 19, 2013, however the pain continued. Evaluation on August 23, 2013, revealed pain in the shoulders and bilateral knees interfering with sleep. Physical therapy was ordered and pain medications were renewed. On January 16, 2015, Utilization Review non-certified a request for Physical Therapy 3 times a week for 6 weeks, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 20, 2015, the injured worker submitted an application for IMR for review of requested Physical Therapy 3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 6 weeks: Upheld

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

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

Decision rationale: The patient presents with chronic bilateral knee pain and was diagnosed with bilateral derangement of the knees and right and left knee sprain with meniscus tears. The current request is for Physical Therapy 3 times a week for 6 weeks. The patient underwent operative arthroscopy of the right knee on 12/12/13 but there is no documentation if the patient had prior physical therapy, the number of sessions completed if any, and the response to the therapy, if completed. The treating physician request is not supported by any recent clinical history and the patient is not in a post-surgical timeframe. The most recent treating physician's report included for review is over a year old and is dated 2/7/14 (7B). The MTUS guidelines recommend 8-10 physical therapy sessions for myalgia and neuritis type conditions and MTUS for complex regional pain syndrome does recommend physical therapy up to 24 sessions over 16 weeks. In this case, there is no documentation to support physical therapy. There is no documentation as to what body parts the patient is to be treated with physical therapy. There is no documentation as to new injuries or diagnoses to support this request. Therefore, medical necessity has not been established under the guidelines and recommendation is for denial.