

Case Number:	CM15-0112546		
Date Assigned:	06/19/2015	Date of Injury:	01/05/2009
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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 43 year old male, who sustained an industrial injury on 1/05/2009. He reported a fall from a ladder when taking down Christmas tree lights. The injured worker was diagnosed as having osteoarthritis, localized, not specified whether primary or secondary, pelvic region and thigh, other internal derangement of knee, and arthrodesis status. Treatment to date has included diagnostics, surgery to the left hip, surgery to the left knee (2/2014), steroid injection, and medications. Currently (4/17/2015), the injured worker complains of increased left knee pain, swelling, and tightness. Knee instability was documented but no falls. Pain was rated 6/10 with medication use and 9/10 without. Medication use included Excedrin, Naprosyn, and Norco. Magnetic resonance imaging of the left knee was recently completed and documented as showing new onset of tears and possible recurrence of prior defects. Exam of the left knee noted small lateral effusion and tenderness to palpation. Lachman's and Varus stress tests were positive. The treatment plan included referral to orthopedics for re-evaluation and physical therapy, 2x3, for the left knee. Progress notes from previous physical therapy sessions were not noted. His work status was total temporary disability.

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 3 weeks to the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents on 04/17/15 with increasing pain in the popliteal region, distal hamstring, and proximal gastrocnemius regions of the left knee. The pain is rated 6/10 with medications, 9/10 without. The patient's date of injury is 01/05/09. Patient is status post left knee arthroscopy to the left knee with partial, medial, and lateral meniscectomy on 02/28/14. The request is for Physical Therapy 2 times a week for 3 weeks to the Left Knee. The RFA was not provided. Physical examination dated 04/17/15 reveals tenderness to palpation of the medial and lateral aspects of the left knee, as well as the popliteal region, patellar tendon, distal hamstring tendons, and proximal gastrocnemius tendons. The provider also notes some effusion of the left knee, and positive Varus stress test and Lachman's sign. The patient is currently prescribed Norco, Excedrin, and Naproxen. Diagnostic imaging was not included, though progress note dated 04/17/15 discusses recent MRI of the left knee as showing: "new onset of tears and possible recurrence of prior defects." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Management Guidelines, 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." In regard to the request for 6 sessions of physical therapy for this patient's continuing knee complaint, the request is appropriate. Progress note dated 04/17/15 reveals that this patient has experienced an exacerbation in his chronic left knee pain, and recent MRI findings are indicative of recurrent tear and re-emergence of defects. There is no evidence in the documentation provided that this patient has undergone any recent physical therapy directed at this complaint. Utilization review dated 05/11/15 non-certified this request on the grounds that an associated orthopedic consultation should be completed prior to initiating physical therapy; though no such provision exists in MTUS guidelines preventing this patient from undergoing physical therapy in the interim. Given this patient's presentation, and a lack of physical therapy to date, 6 sessions falls within guidelines and could produce benefits for this patient. Therefore, the request is medically necessary.