

Case Number:	CM15-0115238		
Date Assigned:	06/23/2015	Date of Injury:	09/22/1998
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 64 year old male, who sustained an industrial injury on 9/22/1998. He reported acute knee pain bilaterally from squatting activity. Diagnoses include osteoarthritis, degenerative joint disease, and knee pain. Treatments to date include medication management and physical therapy, and acupuncture treatment. Currently, he complained of ongoing bilateral knee pain status post bilateral medial meniscus repair. On 5/28/15, the physical examination documented tenderness to the medial joint line bilaterally with crepitus noted on range of motion. The plan of care included physical therapy for bilateral knees twice a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy bilateral knees 2 times a week for 4 weeks (patient evaluation; therapeutic exercises): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical modalities Page(s): 174.

Decision rationale: The medical records reports pain in the knee but do not document specific functional goals for additional 8 physical therapy visits. MTUS supports PT for identified goals up to 8 visits for knee sprain/strain. As the medical records do not support specific goals of therapy and do not indicate rationale for needing additional visits beyond those supported by MTUS, the medical records do not support a request for additional 8 visits of PT and therefore is not medically necessary.