

Case Number:	CM15-0118395		
Date Assigned:	06/26/2015	Date of Injury:	11/25/2014
Decision Date:	07/28/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 37-year-old female with an industrial injury dated 11/25/2014. The injured worker's diagnoses include posterior cruciate ligament tear of the right knee and medial meniscus tear of the right knee. Treatment consisted of diagnostic studies, prescribed medications, 8 sessions of physical therapy, consultations and periodic follow up visits. In a progress note dated 04/27/2015, the injured worker reported increased right knee pain and swelling. The injured worker also reported increased instability of the right knee and pain radiating into her right hip and down into her ankle. Objective findings revealed right knee brace, slow and antalgic gait favoring her right leg, tenderness over the medial and lateral joint line and posterior aspect of the knee. Decrease right knee flexion was also noted on examination. The treating physician prescribed services for physical therapy right knee 3x4 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right knee 3x4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Preface, Physical Therapy Guidelines (2) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury and November 2014 and continues to be treated for right knee pain. As of March 2013, she had completed eight physical therapy treatments including progressive resistance exercise. When seen, she was being evaluated for a second opinion. She was having constant right knee pain with swelling, locking, giving way, popping, and grinding. She had increased pain with weight bearing. Physical examination findings included a BMI of over 30. There was an antalgic gait. There was decreased right knee range of motion with positive posterior drawer and positive McMurray testing. There was joint line and patellar tenderness. An additional 12 sessions of physical therapy for range of motion and strengthening was recommended. Guidelines recommend up to 12 therapy treatments over eight weeks for this condition and the claimant has already had physical therapy. Patients are expected to continue active therapies. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight or specialized equipment. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to finalize her home exercise program. The request is not medically necessary.