

Case Number:	CM15-0119304		
Date Assigned:	07/23/2015	Date of Injury:	11/30/2006
Decision Date:	08/19/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/19/2015

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 46 year old male who sustained a work related injury November 30, 2006. According to a doctor's first report of injury, dated February 23, 2015, the injured worker presented with pain and swelling of the right knee and pain in the left knee, compensatory. He was diagnosed status post right knee arthroscopic surgery, 2008, and internal derangement of left knee. He was treated with medication and physical therapy. Past history included right shoulder SLAP tear status post arthroscopic surgery x 2, status post failed biceps tenodesis, right shoulder. According to a primary treating physician's progress report, dated May 12, 2015, the injured worker presented after completing physical therapy treatment. He reports his left knee is better but he is complaining of right knee pain and in need of physical therapy. He rated his right knee pain 2-3 out of 10 and his left knee pain 2 out of 10. His pain is exacerbated by prolonged walking/standing and stair climbing. Current medication included Anaprox DS twice a day. Objective findings included; weight 259 pounds; tenderness over the medial joint line, both knees; active range of motion; flexion 130 degrees right knee and 130 degrees left knee, and extension 0 degrees right and left knee; negative McMurray's, bilateral knees. Diagnoses are status post right knee arthroscopy and meniscectomy; right knee pain; compensatory overuse of the left knee. At issue, is the request for authorization for physical therapy 2 x 4 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions (2x4) for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for bilateral knee pain. He underwent right knee arthroscopic surgery in 2007. He recently had physical therapy and as of 05/06/15 he had completed 6 treatment sessions and was discharged with a home exercise program. When seen, his weight was 259 pounds. There was bilateral knee tenderness and decreased range of motion. Additional physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has just completed a course of physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.