MAXIMUS Federal Services

Case Number:	CM15-0122971		
Date Assigned:	07/07/2015	Date of Injury:	10/31/2011
Decision Date:	08/06/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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: Family Practice

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 60 year old male who sustained an industrial injury on 10/31/2011. Mechanism of injury was cumulative and affected was upper and lower extremities, bilateral knees, cervical, lower back, veins, psyche and other body parts. Diagnoses include knee arthritis, meniscus tear, and degenerative arthritis of the knee. Treatment and diagnostic to date has included diagnostic studies, medications, Synvisc injection on 03/06/2015, and physical therapy. His medications include Mobic, Zantac, Simvastatin, and Naproxen. On 10/08/2013 a MRI of the right knee showed a Grade III tear of the posterior horn of the medial meniscus, small knee joint effusion, degenerative arthritic changes in form of reduced tibiofemoral joint space, marginal osteophytes, spiking of tibial spine and chondromalacia and bone bruise/contusions in the medical tibial condyle. A physician progress note dated 05/20/2015 documents the injured worker complains of right knee pain. There is +2 patellofemoral joint crepitus present. An unofficial Magnetic Resonance Imaging report shows degenerative joint disease, meniscus tear and loose bodies. A right knee arthroscopy is recommended, and a follow up for pre-op, and with regards to spinal pain a follow up with the spine surgery for evaluation and treatment. Treatment requested is for physical therapy for the right knee for range of motion and quad strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the MTUS guidelines, passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker has been recommended for knee surgery. The injured worker has failed conservative treatment including physical therapy and the request for pre-operative physical therapy is not supported. While an independent home exercise program is recommended, the request for formal pre-operative physical therapy sessions is not medically necessary. The request for Physical Therapy for the right knee is not medically necessary and appropriate.