

Case Number:	CM15-0123519		
Date Assigned:	07/07/2015	Date of Injury:	06/23/2011
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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:

This 47-year-old female sustained an industrial injury to the back and bilateral knees on 4/23/11. Documentation did not disclose previous magnetic resonance imaging. Previous treatment included magnetic resonance imaging, left knee arthroscopy with partial medial meniscectomy and chondroplasty (9/18/12), physical therapy, epidural steroid injections and medications. In a PR-2 dated 6/4/15, the injured worker complained of ongoing left knee left knee pain. The injured worker reported that her left knee gave way intermittently. Physical exam was remarkable for left knee with positive patellofemoral compression test, left knee guarding and decreased lower extremity strength. The injured worker had completed eight sessions of physical therapy. The injured worker used a cane to ambulate. Current diagnoses included status post left knee arthroscopy, low back sprain/strain, left knee chondromalacia, and left ankle pan and lumbar spine degenerative disc disease. The treatment plan included physical therapy twice a week for four weeks and continuing current medications including Tramadol, Ibuprofen and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for four weeks, Left knee, Left lower extremity Qty: 8:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 388, 341, 346. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines.

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 sustained a work injury in April 2011 and underwent a left knee partial medial meniscectomy and September 2012. She continues to be treated for left knee pain. When seen, she had completed eight sessions of physical therapy. She was using a cane. There was positive patellofemoral compression testing, decreased quadriceps, and hamstring strength with VMO atrophy. An additional eight therapy treatment sessions was requested. The claimant is being treated for chronic pain with no new injury and has recently had 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 finalize the claimant's home exercise program. The request is not medically necessary.