

Case Number:	CM15-0126590		
Date Assigned:	07/13/2015	Date of Injury:	02/11/2009
Decision Date:	08/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 52 year old male who sustained an industrial injury on 2-11-2009. He has reported injury to the right knee and has been diagnosed with synovitis and tenosynovitis, chondromalacia patella, osteoarthritis not otherwise specified unspecified site, lumbosacral radiculopathy, knee tendinitis bursitis, and hip tendinitis bursitis. Treatment has included knee arthroscopy (2-2015), physical therapy, and medications. Examination of the right knee revealed range of motion from approximately full extension. His contralateral knee did have hyperextension but he did not have in the right knee. He was able to flex to 135 degrees. The treatment plan included six additional physical therapy visits beyond his initial 12 sessions of postoperative physical therapy. On 6-3-2015, Utilization Review non-certified the request for 6 physical therapy visits 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, right knee, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: According to the MTUS guideline cited, physical medicine for postsurgical treatment of chondromalacia of patella and tibialis tendonitis is 12 visits over 12 weeks, with a treatment period of 4 months. General physical medicine guidelines for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, patients are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, he completed his 12 visits of postoperative physical medicine and would be expected to continue his active therapies at home as an extension of his treatment. Therefore, the request for physical therapy, right knee, 6 sessions, is not medically necessary and appropriate.