

Case Number:	CM15-0128339		
Date Assigned:	07/15/2015	Date of Injury:	06/19/2014
Decision Date:	08/18/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/03/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 6/19/2014. The injured worker was diagnosed as having right knee medial meniscus tear. Treatment to date has included diagnostics and physical therapy (6 visits without improvement). Per the orthopedic consultation on 12/19/2014 (only report submitted for review), the injured worker complains of constant right knee pain, made worse by prolonged walking, sitting, and standing. Surgical intervention was recommended. The current treatment plan included physical therapy for the right knee, 2x4. An updated progress note regarding the requested treatment was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Physical Therapy 2 times a week for 4 weeks for the right knee. The report with this request was not submitted for review. The treating physician states in the only report submitted for review dated 12/19/14, "She has already undergone six physical therapy visits with no improvement". (6B) The MTUS guidelines state, "They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process" and MTUS only allows 8-10 sessions of physical therapy for patients with myalgia and neuritis. In this case, the treating physician has not documented if the patient is in the post-surgical state, has suffered a new injury or why additional physical therapy beyond guideline recommendations are required. The current request is not medically necessary as the initial trial of physical therapy did not provide any functional improvement and the total number of requested sessions exceeds the MTUS guidelines.