

Case Number:	CM15-0128362		
Date Assigned:	07/15/2015	Date of Injury:	11/06/2014
Decision Date:	08/19/2015	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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 44-year-old male who sustained an industrial injury on 11/06/2014 when he took a long step and heard a pop of the left knee. The injured worker was diagnosed with lateral compartment arthrosis, left knee. The injured worker is status post a remote non-industrial left knee arthroscopy in 1988. Treatment to date has included diagnostic testing with recent left knee magnetic resonance imaging (MRI) on January 14, 2015, left knee injection (May 26, 2015), conservative measures, physical therapy (6 sessions completed) and medications. According to the primary treating physician's progress report on May 26, 2015, the injured worker continues to experience burning pain in the thigh and stiffness and pain of the knee. Evaluation noted the injured worker ambulated with a limp. Left knee examination demonstrated tenderness at the lateral joint line with range of motion at 0-130 degrees with mild patellofemoral crepitus and a negative grind test. The left knee was stable to anterior, posterior, varus and valgus stress testing. Motor strength was documented at 4+/5 quadriceps and hamstrings and 1+ dorsalis pedis pulse. Deep tendon reflexes were not tested. A steroid injection was administered to the left knee without complications. The injured worker has returned to work with modified duties. Current medications are listed as Naproxen and Ibuprofen. Treatment plan consists of the current request for 12 physical therapy sessions (core-based rehab program) twice a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions (core-based rehab program) 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions (core based rehab program) two times per week times six weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lateral compartment arthrosis left knee; and left knee arthroscopy 1988. The date of injury is November 6, 2014. Request for authorization is dated June 9, 2015. A progress note dated May 26, 2015; the injured worker has burning pain in the knee with pain and stiffness in the knee. Objectively, range of motion is 0 to 130 left knee. There were no significant clinical findings on examination. There are no compelling clinical facts indicating additional physical therapy (over the recommended guidelines) is clinically indicated. The documentation indicates the injured worker received physical therapy November 2014. The specific number of physical therapy sessions is not specified. There is no documentation in the medical record to support core-based rehabilitation. The physical examination specifically includes an examination of the left knee with a motor examination and sensory examination of the extremity. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, evidence to support a core based rehabilitation program and compelling clinical facts support additional physical therapy (over the recommended guidelines), 12 physical therapy sessions (core based rehab program) two times per week times six weeks is not medically necessary.