

Case Number:	CM15-0144902		
Date Assigned:	08/05/2015	Date of Injury:	10/05/1999
Decision Date:	10/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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 60 year old female who sustained an industrial injury on 10-5-99 when her heel got caught in a carpet causing her to fall and her right knee went under her body. She experienced pain in the right knee, neck and lower back. She was medically evaluated and eventually had arthroscopic right knee surgery. She currently complains of right knee pain that is intermittent with tingling on standing. As far as her activities of daily living she has difficulty with dressing and doing housework. On physical exam there was lateral joint line tenderness, medial and lateral patellar facet tenderness. Medications were Norco, ibuprofen. She had x-rays of the right knee (6-11-15) showing advanced end-stage degenerative joint disease. Her diagnoses were acute right knee pain, large effusion; advanced degenerative joint disease, lateral compartment, right knee; status post prior right knee arthroscopy and mensicectomy; rule out bone contusional injury, additional internal derangement right knee; tricompartmental osteoarthritis right knee. She has had cortisone injection to the right knee (6-11-15) providing two days of pain relief; physical therapy evaluation (6-24-15); medications. On 6-18-15 the treating provider's plan of care included a request for physical therapy for the right knee 12 sessions.

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 12 sessions: 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 for the right knee 12 sessions. The treating physician report dated 6/11/15 (10B) states, "She underwent arthroscopic right knee surgery. She does not recall the year of surgery." The report dated 6/18/15 (17B) states, "She believes right knee pain is now affecting her low back. Here requesting physical therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient is status post arthroscopy of the right knee, but is no longer within the post-surgical treatment period as established by the MTUS-PSTG. In this case, it is unclear if the patient has received physical therapy previously and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.