

Case Number:	CM15-0173443		
Date Assigned:	09/15/2015	Date of Injury:	06/25/2014
Decision Date:	10/22/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	09/03/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 54 year old male, who sustained an industrial injury on June 25, 2014. The injured worker was diagnosed as having status post right knee arthroscopy with possible partial meniscectomy in 2014, chondromalacia patella right knee, and small effusion of right knee. Medical records (April 15, 2014 to June 24, 2015) indicate ongoing right knee pain with clicking, popping, and give way weakness. The physical exam (April 15, 2014 to June 24, 2015) reveals decreasing right knee range of motion and continued tenderness of the medial and lateral joint lines. Per the treating physician (May 7, 2015 report), the injured worker has not worked since June 2015. On January 20, 2015, a MRI of the right knee revealed a possible oblique tear extending to the under surface of the posterior horn of the medial meniscus. The medical records refer to the injured worker undergoing 9 sessions of physical therapy and electric shockwave stimulation, but the dates and results of treatment were not included in the provided medical records. Other treatment has included chiropractic therapy, physical therapy and electric shockwave stimulation, a knee brace, work restrictions, off work, immobilization, and medications including oral pain, topical pain, proton pump inhibitor, and non-steroidal anti-inflammatory. The requested treatments included physical therapy for the right knee. On July 28, 2015, the original utilization review non-certified a request for 6 sessions of physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Right Knee x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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 a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks. Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks. Post-surgical: 12 visits over 12 weeks. Per the medical records submitted for review, the injured worker has had at least 24 sessions of prior physical therapy. He was treated with physical therapy and electric shockwave stimulation for 9 sessions, as well as post-operative physical therapy in 9/2014. There was no documentation of objective functional improvement related to physical therapy. At this point, the injured worker should have been transitioned to self-directed home based therapy. The request is not medically necessary.