

Case Number:	CM15-0026970		
Date Assigned:	02/19/2015	Date of Injury:	05/27/2008
Decision Date:	04/03/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/12/2015

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
 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 65 year old male, who sustained an industrial injury on May 27, 2008. He has reported right knee pain. The diagnoses have included unspecified monoarthritis of the lower leg, knee sprain, and knee joint effusion. Treatment to date has included medications, bracing, acupuncture, physical therapy, use of a cane, right total knee arthroplasty, and imaging studies. A progress note dated January 6, 2015 indicates a chief complaint of continued right knee pain. Physical examination showed a moderately antalgic gait, swelling and moderate effusion of the right knee, and decreased strength of the right knee. The treating physician is requesting physical therapy twice each week for six weeks. On January 13, 2015 Utilization Review denied the request for physical therapy citing the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x week x 6 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment for Workers' Compensation, Online Edition Chapter: Knee & Leg (Acute & Chronic).

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

Decision rationale: This patient is status post right knee arthroscopy on 11/18/2013, with continued lateral leg pain and some swelling. The current request is for physical therapy 2 times a week for the right knee. This patient is outside of the postsurgical timeframe. For physical medicine, the MTUS guidelines, pages 98 and 99, recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Treating physician states the goal of additional physical therapy is to decrease pain and increase function. Physical therapy is to include stretching modalities and conditioning. This patient has participated in 12 physical therapy sessions, and the request for additional 12 sessions exceeds what is recommended by MTUS. Furthermore, the treating physician has not provided any discussion as to why the patient is unable to transition into a self-directed home exercise program for stretching and conditioning. There is no report of new injury, new surgery, or new diagnosis that can substantiate the current request for additional sessions. The request is not medically necessary.