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| Case Number: | CM15-0033386 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 12/10/2013 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 02/23/2015 |

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 21-year-old male, who sustained an industrial injury on 12/10/2013. The diagnoses have included right knee internal derangement, right knee chondromalacia, and right knee degenerative joint disease. Noted treatments to date have included physiotherapy and medications. Diagnostics to date have included MRI of the right knee on 09/30/2014 which revealed increased signal in the posterior horn of the meniscus medially and laterally reflecting internal degeneration, grade 1 lateral collateral ligament complex strain, and transversely oriented tubular cortical defect in the proximal tibia and fibula with associated magnetic susceptibility artifact in the proximal fibula. In a progress note dated 01/27/2015, the injured worker presented with complaints of moderate achy right knee pain. The treating physician reported referring the injured worker for additional physiotherapy 2 days a week for 4 weeks for the right knee due to it being helpful. Utilization Review determination on 02/11/2015 non-certified the request for Additional Physiotherapy 2x4 for the Right Knee citing Medical Treatment Utilization Schedule 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:

Additional Physio Therapy 2 x 4- Right Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Physical medicine Page(s): 58, 98-99.

Decision rationale: The 2/11/15 Utilization Review letter states the Additional physiotherapy 2x4 for the right knee requested on the 1/27/15 medical report was denied because the patient had completed 12 sessions, without significant functional improvement documented. According to the 1/27/15 medical report, the MRI of the right knee did not show a surgical lesion. The physician recommended continued physiotherapy. The 10/23/14 report shows that the physiotherapy is actually the therapy provided by a chiropractor, or chiropractic care. The UR letter shows the patient already had 12 sessions. MTUS guidelines page 30 for chiropractic treatment refers readers to the MTUS section on manual therapy and manipulation on page 58. This section of MTUS, specifically states it is not recommended for the knee. For Physical Therapy, from a physical therapist, MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. The MTUS guidelines do not recommend chiropractic care for the knee; and state 8-10 sessions of physical therapy are indicated for various myalgias or neuralgias. The patient has already had 12 sessions of therapy, and the additional 8 sessions exceeds MTUS guidelines for PT and are not in accordance with MTUS for chiropractic care for the knee. The request for Additional physiotherapy 2x4 for the right knee IS NOT medically necessary.