

Case Number:	CM15-0062391		
Date Assigned:	04/08/2015	Date of Injury:	04/01/2004
Decision Date:	05/26/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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 female who sustained an industrial injury on 4/1/04. She has reported initial complaints of left knee injury with pain. The diagnoses have included pain in joint involving lower leg, sprain of knee and leg, medial meniscus tear left knee and medial compartment osteoarthritis. Treatment to date has included physical therapy, medications, conservative measures and home exercise program (HEP). The diagnostic testing that was performed included x-ray of the left knee and Magnetic Resonance Imaging (MRI) of the left knee. Currently, as per the physician progress note dated 2/24/15, the injured worker complains of pain in the left knee. It was noted that she initially was recommended to have surgery but declined. She has continued to improve, however the symptoms have started again. The physical exam of the left knee revealed minimal swelling, range of motion is 0-120 degrees of flexion and crepitus is felt at the medial aspect of the knee. The previous therapy sessions were noted. Treatment plan was for bracing and return in 3 weeks. The physician requested treatment included Physical therapy 3 times a week for 4 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The patient presents with pain and weakness in her left knee. The request is for 18 SESSIONS OF PHYSICAL THERAPY. The patient has had MRI of the left knee but the result of MRI is not provided for the view. The patient remains off work until 04/25/15. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional physical therapy is being asked for. The utilization review letter on 03/18/15 indicates that the patient has had physical therapy in the past. None of the reports specifically discuss how many sessions of therapy the patient has had or how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the requested 18 sessions combined with some already received would exceed what is allowed per MTUS for this kind of condition. The request IS NOT medically necessary.