

Case Number:	CM15-0062888		
Date Assigned:	04/08/2015	Date of Injury:	01/31/2013
Decision Date:	05/07/2015	UR Denial Date:	03/27/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39 year old female, who sustained an industrial/work injury on 1/31/13. She reported initial complaints of left knee pain. The injured worker was diagnosed as having edge tear posterior horn medial meniscus, chondromalacia patellofemoral medial compartment, impinging medial plica, and synovitis; lumbar spine strain/sprain, cephalgia, cervical spine strain/sprain; and anxiety and depression. Treatment to date has included medication, diagnostics, and surgery (left knee arthroscopy on 4/16/14 with partial meniscectomy). Currently, the injured worker complains of left knee pain, weakness, popping, and giving way. Per the primary physician's progress report (PR-2) on 1/20/15, there was range of motion to 90 degrees, and medial joint tenderness. Current plan of care included diagnostic MRI, dermatology consult for the subdermal lesion, and therapy sessions for the left knee. The requested treatments include Physical Therapy, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy.

Decision rationale: The claimant sustained a work-related injury in January 2013 and underwent left knee arthroscopic surgery in April 2014. There are six physical therapy treatments are documented through 01/13/15 with evaluation on 12/01/14. Guidelines address the role of therapy after the claimant's knee surgery with a postsurgical physical medicine treatment period of 6 months and up to 12 physical therapy visits over 12 weeks. In this case, the claimant is more than 6 months status post surgery, and therefore the chronic pain treatment guidelines apply. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant recently had an additional six physical therapy treatments. Compliance with an independent exercise program would be expected and would not require continued skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The request is therefore not medically necessary.