

Case Number:	CM15-0071696		
Date Assigned:	04/21/2015	Date of Injury:	11/13/2013
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/14/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 70 year old male, who sustained an industrial injury on 11/13/13. He reported injuring his right knee on a metal piece underneath his desk. The injured worker was diagnosed as having a right knee contusion and osteoarthritis of the right knee. Treatment to date has included physical therapy, x-rays and pain medications. As of the PR2 dated 3/10/15, the injured worker reports continued right knee pain and discomfort. He indicated that he had finished physical therapy 2 weeks prior and that it was very helpful. The treating physician noted slight effusion and tenderness to palpation. The treating physician requested additional physical therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy extension; six (6) sessions two times three (2 times 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy extension six sessions (two times per week times three weeks) is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are osteoarthritis of the right knee; and right knee contusion. A physical therapy progress note dated February 10, 2015 indicates the injured worker completed 12 out of 12 physical therapy sessions to the right knee. The VAS pain scale was 0-2/10. The injured worker was being transitioned to a home exercise program. The injured worker was well-versed with home exercises to engage in a home exercise program. The physical therapist then commented no further treatment is required. Consequently, absent clinical documentation with a clinical indication and or rationale for additional physical therapy and compelling clinical facts indicating additional physical therapy is warranted, physical therapy extension six sessions (two times per week times three weeks) is not medically necessary.