

Case Number:	CM15-0072380		
Date Assigned:	04/22/2015	Date of Injury:	10/14/2013
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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 47 year old male, who sustained an industrial injury on 10/14/2013. According to a progress report dated 01/16/2015, the injured worker presented for a follow-up with persistent pain in the neck, lower back, bilateral shoulders and right knee. He rated pain 7 on a scale of 1-10. Pain was frequent and the same since his last visit. He complained of pain in the left knee which he rated 4 and was slightly improved. Pain in the lower back radiated to the right leg. Pain was made better with rest and medications. Diagnoses included head contusion, acute cervical sprain/strain, multilevel disc protrusion 1 to 2 millimeters of the lumbar spine, bilateral knee sprain/strain, right lower extremity radiculopathy and right knee strain rule out meniscal injury. Treatments to date have included medications and physical therapy. Authorization was pending for additional postoperative physical therapy for the right knee and for a spine surgeon consultation. A previous progress note dated 11/04/2014 noted that the injured worker had completed 9 out of 12 physical therapy sessions. Currently under review is the request for physical therapy 12 treatments to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 treatments) to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 12 sessions to the right knee 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 relevant diagnoses are bilateral knee sprain/strain; right knee strain, left meniscal injury. There is no operative report and details of the specific surgery undertaken. According to a November 4, 2014 progress note, the injured worker completed 9 out of 12 physical therapy sessions. There was increase range of motion and decrease pain. The most recent progress note dated January 16, 2015 contains a request for additional physical therapy. Subjectively, the treating provider addresses pain in the left knee 4/10. There is no discussion of right knee subjective complaints. Objectively, there is tenderness in the medial and lateral joint lines of the right knee. The injured worker received the recommended number of physical therapy sessions according to the guidelines. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy is warranted, physical therapy 12 sessions to the right knee is not medically necessary.