

Case Number:	CM15-0076366		
Date Assigned:	04/27/2015	Date of Injury:	05/29/2014
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/21/2015

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 56 year old female, who sustained an industrial injury on May 29, 2014. The injured worker was diagnosed as having status post right knee arthroscopy July 22, 2014 and rule out meniscal pathology/internal derangement of the right knee. Treatment to date has included MRI, physical therapy, and medication. Currently, the injured worker complains of right knee pain and low back pain. The Primary Treating Physician's report dated March 4, 2015, noted the injured worker status post right knee arthroscopy July 22, 2014. Physical examination was noted to show right knee tenderness and lumbar spine tenderness, with limited lumbar range of motion (ROM) and positive McMurray's in the medial aspect of the right knee. The treatment plan was noted to include a request for additional physical therapy for the right knee, Hydrocodone prescribed, and Pantoprazole, Tramadol, and Cyclobenzaprine dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 times 4 for 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, additional physical therapy three times per week times four weeks 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 diagnoses are status post right knee arthroscopy July 22, 2014; and rule out meniscal pathology/internal arrangement right knee. The medical record contains 15 pages and one progress note dated March 4, 2015. The injured worker underwent arthroscopy in July 2014. Objectively, examination of the knee showed tenderness, no signs of infection, well-healed arthroscopic portals, positive McMurray's, range of motion 0 to 100. The injured worker received postoperative physical therapy. The total number of physical therapy sessions is not documented in the record. There were no progress notes in the medical record. There is no documentation of objective functional improvement although the treating provider recalls improved tolerance with physical therapy. 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 of prior physical therapy, physical therapy progress notes and compelling clinical facts indicating additional physical therapy is clinically indicated, additional physical therapy three times per week times four weeks to the right knee is not medically necessary.