

Case Number:	CM15-0077913		
Date Assigned:	04/29/2015	Date of Injury:	04/24/2004
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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, 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 54 year old female who sustained a work related injury April 24, 2004. According to a primary treating physician's progress report, dated March 12, 2015, the injured worker presented with complaints of right knee pain with increased instability since last office visit and a fall on January 22, 2015, with injury to the left knee. The right knee reveals trace effusion, limited range of motion, patellofemoral crepitus, and VMO (vastus medialis oblique) atrophy. Diagnoses is documented as internal derangement, right knee. Treatment plan included prescription for ibuprofen as needed and request for authorization for physical therapy 2 x 4 right knee for quad strengthening. A progress report dated February 7, 2014 states that the patient needs repeat right knee arthroscopy and chondroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 4Wks for the right knee, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no information indicating whether the patient has previously undergone therapy. It does appear that the patient has previously had surgery, which would imply that the patient had failed conservative treatment prior to that intervention. If the patient has had previous therapy, there is no documentation of objective functional improvement from the therapy, and it is unclear how many therapy sessions a patient has already undergone, making it impossible to determine if the patient has met the maximum number recommended by guidelines for his diagnosis. Additionally, if the patient has not undergone therapy previously, the currently requested 8 visit, exceeds the 6-visit trial recommended by guidelines. In the absence of clarity regarding his issues, the current request for physical therapy is not medically necessary.