

Case Number:	CM15-0078555		
Date Assigned:	04/29/2015	Date of Injury:	07/16/2010
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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 61 year old female, who sustained an industrial injury on 07/16/2010. The injured worker is currently diagnosed as having knee/leg sprain, contusion of knee, and pain in joint involving lower leg. Treatment and diagnostics to date has included right knee arthroscopy, physical therapy, and medications. In a progress note dated 03/11/2015, the injured worker presented with complaints of right knee pain and limited range of motion. The treating physician reported requesting authorization for more physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee/lower leg 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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 to the right knee/lower leg two times per week times six 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 exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are leg/knee sprain; contusion of knee; pain in joint involving lower leg; and status post arthroscopy to the right knee, meniscectomy, chondroplasty on May 15, 2014. A progress note dated June 18, 2014 indicates the injured worker has 50% improvement and improved with physical therapy. The injured worker was authorized and received 12 physical therapy sessions. On March 11, 2015, the injured worker still complains of pain and limited range of motion. The injured worker complains of pain in the left knee (status post total knee arthroplasty). Objectively, the injured worker has full extension and 95% of flexion. There is tenderness over the medial, posterior and anterior joint lines. The physical therapy progress notes in the medical record consists of approximately 5 to 7 words. There is insufficient evidence in the physical therapy progress notes to determine whether there was objective functional improvement after physical therapy. There is no compelling clinical documentation indicating additional physical therapy is warranted. Consequently, absent clinical documentation with evidence of objective functional improvement (of prior 12 sessions of physical therapy) and compelling clinical facts indicating additional physical therapy is warranted, physical therapy to the right knee/lower leg two times per week times six weeks is not medically necessary.