

Case Number:	CM13-0048456		
Date Assigned:	12/27/2013	Date of Injury:	04/28/1999
Decision Date:	02/21/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine, Rehabilitation, and Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66-year-old female with date of injury on 04/28/1999. The progress report dated 09/16/2013 by [REDACTED] indicates that the patient's diagnoses include: Myalgia/myositis, osteoarthritis, depression, anxiety, bilateral wrist pain, bilateral knee pain, chronic pain other. The patient continues with bilateral knee pain rated between a 6/10 and 7/10. The exam findings indicate that the patient had a slow gait and was assisted with the use of a cane. A request was made for 8 sessions of physical therapy for the right knee. Utilization review letter dated 10/04/2013 indicates the request was denied. The letter of appeal dated 10/15/2013 by [REDACTED] states that the patient has been complaining of multiple falls due to pain in her knees and weakness. The exam findings were reported which included antalgic gait, tenderness to palpation, moderate swelling was noted in the right knee, the range of motion of the right knee was decreased due to pain. Pain significantly increased with flexion and extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Physical therapy sessions for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The records indicate that the patient continues with significant bilateral knee pain more so on the right. The patient has complained of recent falls and weakness due to pain in the right knee. The patient has a date of injury as far back as 1999. The letter of appeal dated 10/15/2013 indicates that the patient was diagnosed with status post bilateral knee surgery. The date of surgery is not reported. MTUS page 98 and 99 regarding physical medicine allows for fading of treatment frequency plus active self-directed home physical medicine and recommends 9 to 10 visits of therapy for myalgia and myositis. [REDACTED] indicates that the patient is having increased pain with range of motion and weakness causing the patient to have recent falls. The request was for 8 sessions of physical therapy. No discussion was provided regarding how long it has been since the patient has received any physical therapy to strengthen the lower extremities. As the patient appears to have increased pain and weakness and has had recent falls, it is unlikely that any physical therapy has been performed recently and the request for 8 sessions of physical therapy for the right knee is within the guidelines noted above. Therefore, Decision for Eight Physical therapy sessions for the right knee, as an outpatient is medically necessary and appropriate.