

Case Number:	CM13-0066282		
Date Assigned:	01/03/2014	Date of Injury:	06/05/2008
Decision Date:	06/23/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/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 morbidly obese who has filed a claim for chronic persistent bilateral knee pain and limited mobility associated with an industrial injury on June 05, 2008. Thus far, the patient has been treated with a series of three (3) Orthovisc injections, six (6) physical therapy sessions to both knees, cryotherapy, and opioid and non-opioid analgesics. The patient remains temporarily totally disabled. The patient is a candidate for right knee surgery; however, is currently considered too young for the procedure. Progress notes from 2013 reveal over 50% relief from Orthovisc injections and progress with physical therapy. Patient still has pain and limitation of mobility, but no evidence of inflammation. In a utilization review report of December 04, 2013, the claims administrator denied a request for additional twelve (12) physical therapy sessions to both knees. The patient's attorney later appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 12 PHYSICAL THERAPY SESSIONS TO THE BILATERAL KNEES:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function, Chapter 6, Page 114, and The Official Disability Guidelines (ODG) Knee & Leg chapter, Physical medicine treatment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines and the ACOEM Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The Official Disability Guidelines recommends nine (9) physical therapy sessions over eight (8) weeks for this condition. In this case, there is no documentation of the significant symptomatic and functional improvement attributable to previous physical therapy sessions, such as with activities of daily living or work-related activities. Also, twelve (12) additional sessions would exceed the guideline recommendations. There is no discussion as to why transition into an independent home exercise program would not have been achieved within the sessions rendered previously. Therefore, the request for additional twelve (12) physical therapy sessions to both knees was not medically necessary per the guideline recommendations of MTUS and the Official Disability Guidelines.