

Case Number:	CM13-0067715		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2008
Decision Date:	05/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational Medicine 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 injured worker is a female with a date of injury of 9/28/2006. Per the comprehensive physical medical evaluation and request for treatment, the injured worker complained of low back pain, bilateral knee pain, and bilateral ankle pain. In 2008 she had right knee arthroscopic surgery following conservative treatments. She attended postoperative physical therapy which provided temporary benefit in that she was able to perform more weight bearing activities. She has had injections into her knees, including viscosupplementation which provided benefit for two to three days. She has been recommended for bilateral knee replacements. She currently reports 8/10 pain in both knees that radiates down the leg to the foot and ankle. She reports that she is unable to stand and walk up to eight hours per day and unable to use her feet for repetitive use. On exam she is obese, sits comfortably and is able to get out of the chair and on and off the examination table without difficulty. She walks slowly and carefully with short steps and wabbling type of gait, using a single point cane. She has difficulty with raising up on heels and toes and performing tandem gait. She is limited to one-quarter squat because of diffuse pain complaints. There is diffuse tenderness in the lumbar region and lumbosacral paraspinal muscles extending to the bilateral gluteal muscles bilaterally. There is no paravertebral muscle spasm. Range of motion of lumbar spine is reduced. Bilateral knees demonstrate diffuse tenderness. The knee is stable with negative tests. Bilateral ankles have mild diffuse tenderness with good range of motion. Seated straight leg raising causes low back pain, supine straight leg raising causes low back pain at 80 degrees bilaterally. Flexion of the knee to the chest causes low back pain bilaterally. Diagnoses include: 1) lumbar sprain/strain 2) lumbar myofascial pain 3) right knee sprain/strain 4) right knee degenerative joint disease 5) left knee sprain/strain 6) status post right knee arthroscopic surgery 7) left knee degenerative joint disease 8) bilateral ankle sprain/strain 9) chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK TIMES 3 WEEKS FOR THE LOW BACK AND BILATERAL KNEES: Overturned

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 SECTION Page(s): 98 AND 99.

Decision rationale: The UR decision notes that objective goals for the therapy are not indicated and that the injured worker had completed two months of therapy previously. The clinical documents report that the injured worker completed post-surgical therapy with benefit in improved function. There is no indication that she completed any physical therapy as recommended by the Chronic Pain Medical Treatment Guidelines. The request for physical therapy to develop a home exercise program is within the goals of the cited guidelines. Physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort is supported by the cited guideline. This injured worker appears to need physical therapy, and she reportedly had improved function from her post-surgical therapy. The request for physical therapy two times a week for three weeks for the low back and bilateral knees is determined to be medically necessary.