

Case Number:	CM14-0021591		
Date Assigned:	05/05/2014	Date of Injury:	06/18/2011
Decision Date:	07/09/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 34-year-old with a reported date of injury of 06/18/2011. The patient has the diagnoses of chronic lower back pain, chronic pain syndrome, chronic right knee pain and chronic left knee pain. Treatments have included right knee arthroscopy in 04/2012, physical therapy and pain medication. Review of the most recent progress notes by the primary treating physician dates 02/13/2014 and 01/16/2014 shows the patient subjectively complaining of ongoing right knee pain rated a 7/10 and low back pain a 9/10, which was worse after hard day's work. The patient stated that the low back pain is a result of taking pressure off the right knee. A physical exam showed no knee exam, but mild stiffness and pain in the lower back when the patient sits down or stands up from the chair with lumbosacral flexion to 80 degrees and extension to 10 degrees and tenderness to palpation in the lumbosacral paraspinal muscles. The treatment plan was for physical therapy for the lower back and knees, x-rays of the lower back and right knee, transfer of care to a different orthopedic physician, continuation of pain medication as prescribed, home stretching exercises, and heat and walking program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-352,Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The Chronic Pain Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. For myalgia and myositis, nine to ten (9-10) visits over eight (8) weeks are recommended; for neuralgia, neuritis, and radiculitis, eight to ten (8-10) visits over four (4) weeks are recommended; and for reflex sympathetic dystrophy, twenty-four (24) visits over sixteen (16) weeks are recommended. The MTUS/ACOEM Guidelines indicate that physical therapy is a possible treatment option for knee pain. However, there is no medical documentation of a focused knee exam to make recommendations for physical therapy, type of therapy or length of therapy. The patient has a history of chronic right knee pain and has completed physical therapy in the past. Without physical documentation of a knee exam and thus justification for the need for additional physical therapy, the request is not medically necessary.