

Case Number:	CM14-0056198		
Date Assigned:	07/09/2014	Date of Injury:	03/01/2010
Decision Date:	11/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/25/2014

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 Physical Medicine and Rehabilitation, 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 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 37-year-old female with an injury date of 03/01/10. Based on the 03/19/14 progress report provided by [REDACTED] the injured worker complains of bilateral knee pain. She is status post left knee diagnostic and operative arthroscopy 05/27/10. Physical examination of the left knee revealed well-healed arthroscopic portals, and tenderness along anserine bursa medially and medial border of the patellar tendon. Range of motion was 0 to 120. She has previously received Kenalog injections and Synvisc Viscosupplementation; however she continues to have significant pain, and requires large amounts of pain medication. Treater recommends injured worker to continue with conservative measures. Injured worker will need more physical therapy sessions which will assess whether conservative measures will be applicable to her chronic pain. Based on physical therapy note dated 02/05/14, the injured worker completed 12 visits, and she has been authorized 3 physical therapy visits, per progress report dated 03/19/14. Diagnosis 03/19/14:- Industrial injury to the left shoulder and bilateral knees 03/01/10- status post left shoulder arthroscopy 01/06/12- status post left knee arthroscopy 05/27/10- status post Synvisc One to the left knee with subsequence reaction, May 2011- compensatory right knee pain- left for plantar fascia release with release of the nerve to the abductor digiti quinti 07/05/12- status post Kenalog injection to the left knee with discoloration to the knee, August 2013- Status post pes anserine bursal injection with subsequent discoloration 08/14/13 [REDACTED] is requesting Additional Physical Therapy two (2) times six (6), Left knee. The utilization review determination being challenged is dated 04/03/14. The rationale is "injured worker already completed 14 visits of physical therapy." [REDACTED] is the requesting provider and he provided treatment reports from 01/08/14 - 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times 6 for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines ODG-TWC Knee and Leg Procedure Summary last updated 01/20/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines post-surgical Page(s): 24 25.

Decision rationale: The injured worker is status post left knee diagnostic and operative arthroscopy 05/27/10, and presents with bilateral knee pain. The request is for Additional Physical Therapy two (2) times six (6), Left knee. She has previously received Kenalog injections and Synvisc Viscosupplementation; however she continues to have significant pain, and requires large amounts of pain medication. Treating physician states that injured worker will "need more physical therapy sessions which will assess whether conservative measures will be applicable to her chronic pain." MTUS for post-surgical therapy guidelines support 24 sessions of therapy over 10 weeks following arthroplasty. Knee (MTUS post-surgical page 24, 25) Arthritis (Arthropathy, unspecified) Postsurgical physical medicine treatment period: 4 months. Patient is no longer within postsurgical treatment period. For non-post-op therapy recommendations, MTUS state to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, for "Myalgia and myositis, 9-10 visits over 8 weeks." Based on physical therapy note dated 02/05/14, the injured worker completed 12 visits, and she has been authorized 3 physical therapy visits, per progress report dated 03/19/14. In this case, the requested 12 additional sessions of therapy exceeds what is allowed per MTUS. There is no discussion regarding how the injured worker responded to therapy in the past and why home exercise is inadequate. The request for Additional Physical Therapy 2 times 6 for the Left Knee is not medically necessary.