

Case Number:	CM13-0048130		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2011
Decision Date:	04/06/2015	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 53-year-old female, who sustained an industrial injury on March 11, 2011. The diagnoses have included industrial injury to the left knee, left knee arthroscopy on November 8, 2011, lumbar spine MRI revealing degenerative disc disease, and MRI of the right knee on June 24, 2013, and revealing severe patellofemoral chondromalacia with chondral flap tear involving the lateral femoral condyle and medial femoral condyle with osteophytes. Treatment to date has included left knee arthroscopy, Synvisc injection to the left knee, physical therapy, bracing, and medications. Currently, the injured worker complains of persistent pain in her bilateral knees, with swelling of her bilateral lower extremities to her ankles, pain and swelling of her lumbar spine with stiffness, and pain and discomfort of her right hand despite use of a brace. The Treating Physician's report dated September 19, 2013, noted the physical examination of the lumbar spine showed paraspinal muscle tenderness and painful range of motion (ROM), with the examination of the bilateral knees showing trace effusion of the bilateral lower extremities and tenderness over the lateral compartment. On October 7, 2013, Utilization Review non-certified physical therapy 2 times per week for 6 weeks, for the bilateral knees, noting the injured worker had not had physical therapy in over one year, with a short course of therapy to address the flare up of increase pain and swelling appropriate, therefore the request was modified to physical therapy two times three for the bilateral knees. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the MTUS Postsurgical Medical Treatment Guidelines, and the Official Disability Guidelines

(ODG) were cited. On November 4, 2013, the injured worker submitted an application for IMR for review of physical therapy 2 times per week for 6 weeks, for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (2 times per week for 6 weeks, for the bilateral knees): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: Chronic pain medical treatment guidelines indicate active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain the improvement levels. Home exercises can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to one or less plus active self-directed home Physical Medicine. For unspecified myalgia and myositis, 9-10 visits are recommended over 8 weeks and for osteoarthritis of the knees, a shorter course with transition to a home exercise program should be adequate. The requested physical therapy exceeds the guidelines and as such, the medical necessity of the request is not established.