

Case Number:	CM14-0016085		
Date Assigned:	06/04/2014	Date of Injury:	06/05/2002
Decision Date:	03/06/2015	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/07/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old female who suffered an industrial related injury on 6/5/02. The physician's report dated 1/7/14 noted the injured worker had complaints of bilateral knee pain, left greater than right with episodes of instability. The injured worker reported physical therapy was providing improvement. Objective findings included left knee 1+ effusion, limited range of motion, and tenderness. A MRI of the left knee was noted to have been negative for recurrent meniscal tear or other structural abnormality. The diagnoses included internal derangement of the knee. The physician noted the injured worker needed additional physical therapy for bilateral knees. On 1/24/14 the utilization review (UR) physician denied the request for 8 outpatient physical therapy sessions for bilateral knees. The UR physician noted the injured worker was over 10 years post injury with no indication of the mechanism of injury and post treatment history. As of 12/10/13 the injured worker had received 22 physical therapy sessions. There was no evidence of lasting improvement as a result of the physical therapy rendered to date therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

8-sessions of Outpatient Physical Therapy for the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The patient presents with lumbar spine pain and bilateral knee pain. The request is for 8 SESSIONS OF OUTPATIENT PHYSICAL THERAPY FOR THE BILATERAL KNEES. The utilization review letter states that the patient has already had 22 sessions of therapy. There is no indication of any recent surgery the patient may have had. MTUS page 98 and 99 has the following: Physical medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page the 98 and 99 states that for myalgia and myositis, 9 to 10 sessions are recommended over 8 weeks, and for myalgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review letter states that the patient has had at least 22 sessions of physical therapy as of 12/10/13. There is no indication of when these sessions took place or how these sessions impacted the patients pain and function. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, an additional 8 sessions of therapy to the 22 the patient has already had exceeds what is allowed by MTUS Guidelines. The requested physical therapy IS NOT medically necessary.