

Case Number:	CM14-0192011		
Date Assigned:	11/25/2014	Date of Injury:	04/03/1997
Decision Date:	01/12/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/17/2014

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 Practice 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 71 year old female claimant who sustained a work injury on 4/3/97 involving the low back and left knee. She was diagnosed with lumbar sprain and had undergone a knee replacement in 1997 with a revision in July 2013. A progress note on 10/27/14 indicated the claimant had left knee pain for which she used topical analgesics and Celebrex. Exam findings of the knee were unremarkable. The claimant had an x-ray of the knee performed, which showed no change in position, or alignments of prosthesis compared to a knee x-ray on 9/16/13. In addition 12 sessions of physical therapy for the knee was recommended. The claimant had completed prior aqua and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee pain and physical therapy.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks The OGD guidelines recommends 12 visits post injury and 24 visits post-surgically. In this case, the claimant completed an unknown amount of therapy in the past. The surgery and injury were in the remote past. There was no indication that therapy cannot be performed at home. The request for 2 sessions of therapy is not medically necessary.

Retrospective request for Unknown x-rays of the left knee, completed on 10/27/14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 347.

Decision rationale: According to the ACOEM guidelines, knee x-rays are not recommended for routine complaints. It is recommended for acute injuries or red flag symptoms such as tumor or infection. The claimant had identical unchanged x-rays in the past 4 months. The knee x-ray was not medically necessary.