

Case Number:	CM14-0208921		
Date Assigned:	12/22/2014	Date of Injury:	04/23/2007
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine, 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 (IW) is a 60-year-old woman with a date of injury of April 23, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical strain, disc lesion of cervical spine; lumbar disc herniation with radiculitis/radiculopathy; right shoulder tendinitis, impingement syndrome, positive MRI; overload pain, left shoulder due to compensation for right shoulder; bilateral knee sprain/strain; anxiety; depression; and insomnia. Pursuant to the Primary Treating Physician's Progress Report dated October 22, 2014, the IW complains of right knee pain, which she rates 8/10. The pain radiates down the bilateral legs. The pain is described as throbbing with popping sounds. Examination of the right knee reveals restricted and painful range of motion. There is pain with flexion and extension of the knee. There is tenderness to palpation over the medial joint lines. Positive McMurrays's test is appreciated. The knee is stable. Documentation indicates the IW received prior physical therapy three times a week with a little relief. In the treatment section of the 10/22/14 progress note, the treating physician states continue physical therapy treatment to the right knee as well as cervical spine and lumbar spine. There are no progress notes in the medical record indicating physical therapy efficacy and/or objective functional improvement. An agreed medical examination was performed April 29, 2014. It indicates the IW received physical therapy but does not give the total number of physical therapy sessions for the duration. The current request is for additional physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the right knee is not medically necessary. Patient should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and or number of visits exceed the guidelines, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical strain, disc lesion of cervical spine; lumbar disc herniation with radiculitis/radiculopathy; right shoulder tendinitis, impingement syndrome, positive MRI; overload pain, left shoulder due to compensation for right shoulder; bilateral knee sprain/strain; anxiety and depression; and insomnia. A progress note from November 30, 2011 indicates the injured worker received physical therapy three times a week with a little relief. A progress note dated October 22, 2014, in the treatment section; states "continue physical therapy treatment to the right knee as well as cervical spine and lumbar spine". There are no progress notes in the medical record indicating physical therapy efficacy and/or objective functional improvement. As noted above, there was one reference from 2011 the physical therapy provided little relief. An Agreed Medical Examination was performed April 29, 2014. It indicates the injured worker received physical therapy but does not give the total number of physical therapy sessions for the duration. Consequently, absent clinical documentation, clinical indication and rationale, documentation with objective functional improvement with prior physical therapy, additional physical therapy to the right knee is not medically necessary.