

Case Number:	CM14-0209359		
Date Assigned:	12/22/2014	Date of Injury:	05/12/2014
Decision Date:	02/18/2015	UR Denial Date:	12/08/2014
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. 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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 patient is a 68-year-old male who was injured on May 12, 2014. The patient continued to experience pain in her right knee, right hip, and back. Physical examination was notable for tenderness over the greater trochanter, tenderness over the joint lines of the right knee, tenderness over the anterior talofibular ligament, slightly decreased sensation at the L5 and S1 dermatomes, mildly decreased strength in all muscle groups of the right lower extremity. Diagnoses included right hip osteoarthritis, right knee medial meniscal tear, right knee lateral meniscal tear, right knee osteoarthritis, right ankle/foot osteoarthritis, and Achilles tendonitis. Treatment included physical therapy, acupuncture, and medications. Request for authorization for physical therapy 8 visits for was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient is receiving physical therapy. There is no documentation of the number of prior visits or functional improvement, if any. In addition the requested additional 8 visits would bring the total that surpasses the recommended maximum of 10 visits. The request is not medically necessary.