

Case Number:	CM15-0001844		
Date Assigned:	01/12/2015	Date of Injury:	01/20/2004
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: Colorado
 Certification(s)/Specialty: Family Practice

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 46 year old man sustained an industrial injury on 1/20/2004 while moving trees on a truck. Current diagnoses include nerve impingement right shoulder, herniated disc L2-L4, herniated disc L5-S1, chronic back pain, obesity, recurrent falls, right foot drop secondary to spinal cord impingement, right carpal tunnel, and bilateral foot neuropathy. Patient also has chronic right knee weakness and instability s/p TKA. Treatment has included [REDACTED] program, elliptical trainer, numerous MRIs and injections, right knee arthroscopy in 2005, right total knee replacement 5/2011, lumbar spine surgery 3/6/2013 and 8/12/2013, right shoulder SAD, right CTR, post-operative rehabilitation after each surgery, EMG/NCV, pool membership, 12 sessions of psychologic treatment, 17 sessions of aquatic therapy for low back, and oral medications for pain. As of UR date, the worker was scheduled for right shoulder surgery on 1/8/2015 and left shoulder surgery on 4/2/2015. Physician notes dated 12/12/2014 show pain in extremities, bilateral shoulder pain and weakness, back pain, and worsening right leg pain. The orthopedist's notes indicate right knee is tender and has swelling and slightly decreased range of motion. There is no extensive description of right lower extremity effects on ability to perform activities of daily living. On 12/17/2014, Utilization Review evaluated a prescription for 18 additional physical therapy sessions for the right knee. The UR physician noted that the only physical finding is of tenderness, which is inadequate to approve an additional 18 sessions of physical therapy. Further, no current prescription is found. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8 California Code of Regulations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99.

Decision rationale: Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. For the patient of concern, the records include complaints of right knee weakness and instability, with some decreased range of motion and tenderness/swelling on examination. While physical therapy may be helpful to patient's condition, the request for 18 sessions of physical therapy exceeds the number of recommended sessions for any diagnosis except CRPS which patient does not have. The request for 18 sessions of physical therapy is therefore not medically indicated.