

Case Number:	CM15-0004269		
Date Assigned:	01/15/2015	Date of Injury:	08/27/2013
Decision Date:	03/17/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/08/2015

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: 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 injured worker is a 75 year old female, who sustained an industrial injury on August 27, 2013. The mechanism of injury was a fall with complaints of upper back pain and left arm pain initially. The diagnoses have included chronic bilateral knee pain, degenerative joint disease and bilateral arthritis of the knees. Treatment to date has included pain medication, MRI of the left knee, physical therapy, corticosteroid injection and post-operative right knee surgery, unspecified. The injured worker was noted to have had multiple physical therapies post-surgery which were helpful. An MRI of the left knee showed severe degenerative arthritis and a degenerative torn meniscus. Current documentation dated October 27, 2014 notes that the injured worker had ongoing right knee pain, status post-surgery. The injured worker was walking without assistance, but had a limping gait. No Physical examination was provided. On December 11, 2014 Utilization Review non-certified the request for physical therapy two times a week for four weeks to the left knee. The MTUS, ACOEM Guidelines, were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of physical therapy two times a week for four weeks to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for four weeks for the left 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): 98-99.

Decision rationale: The patient presents with pain in left arm and upper back pain radiating to lower extremities. The request is for PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE LEFT KNEE. The request for authorization is dated 12/03/14. The patient is status-post Right knee surgery 03/05/14. MRI of the Left knee, date unknown, shows severe degenerative arthritis and a degenerative torn meniscus. Patient's medications include Soma, Flexeril and Vicodin. Patient is on modified work duty, not working. MTUS Chronic Pain Management Guidelines, pages 98, 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 pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not provided reason for the request. A short course of physical therapy would be indicated by guidelines given patient's symptoms. Per progress report dated 05/06/14, treater states patient is undergoing physical therapy but has not provided treatment history. Physical therapy reports from 09/03/14 to 09/17/14 shows patient has had at least 7 additional sessions. However, treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, the request for 8 additional sessions of physical therapy would exceed guideline recommendation for the patient's condition. Therefore, the request IS NOT medically necessary.