

Case Number:	CM15-0005017		
Date Assigned:	01/16/2015	Date of Injury:	01/10/2006
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 64 year old female, who sustained a work related injury on 1/10/06 when she slipped and fell on concrete causing injuries to the left side of the body, including the hip, thigh, and knee. She has reported symptoms were consistent with degenerative process. The diagnoses have included patellar chondromalacia. Treatment to date has included steroid injection, installation of synthetic joint fluids, arthroscopic procedure of the left knee on 2/16/13, self guided water aerobics, acupuncture, home exercises, activity restrictions, medications, and unknown number of completed physical therapy. Diagnostics included and magnetic resonance imaging (MRI) of both knees on 5/2012 that demonstrated left and right knee negative for derangement with articular thinning. X-rays performed and reviewed on 12/2/14 were unremarkable with very minimal degenerative changes. Orthopedic follow up report from 12/2/14 noted recommendation for hamstring and quadriceps strengthening exercises and continuation with oral and topical medication as well as physical therapy. On 12/26/14, Utilization Review non-certified Physical Therapy Evaluation & Treatment; Physical Therapy Treatment 3 x week for 6 weeks to the bilateral knees (QTY:18), noting the Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment, and Official Disability Guidelines (ODG) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation, bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical Medicine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.,Chronic Pain Treatment Guidelines Physical Methods. Page(s): 98-99..

Decision rationale: Per the MTUS and ACOEM, physical medicine is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. A review of the injured workers medical records show that she has had physical therapy in the past and appears to be on a home exercise program. ACOEM recommends Initial and follow up visits for education, counseling and evaluation of home exercise, since the injured worker already has a program a one time evaluation of her current home program appears to be appropriate and medically necessary.

Physical therapy, 3 times a week for the bilateral knees, QTY: 18: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods. Page(s): 98-99.

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. A review of the injured workers medical records does not show a clinical presentation that would warrant deviating from the guidelines and therefore based on the injured workers clinical presentation and the guidelines the request for Physical therapy, 3 times a week for the bilateral knees, QTY: 18, is not medically necessary.