

Case Number:	CM15-0008164		
Date Assigned:	01/23/2015	Date of Injury:	12/14/2009
Decision Date:	03/17/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/14/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old female, who sustained an industrial injury cumulatively from 12/14/08 to 12/14/09. She has reported low back and bilateral knee pain. The diagnoses have included bilateral knee osteoarthritis, lumbar spine sprain and sciatica of left lower extremity. Treatment to date has included medications, physical therapy (did not attend due to financial weakness), aqua therapy (did not attend), cervical spine surgery with hardware implementation was performed on 9/27/13, an injection to right knee provided no benefit and lumbar surgery was performed 5/16/12. Currently, the IW complains of knee pain with left worse than right back pain is also worse than previously. Physical exam revealed tenderness and spasm of the lower paracervical area bilaterally, tenderness of low back and decreased range of motion. She states pain is relieved by taking prescribed medications. On 12/23/14 Utilization Review non-certified 12 physical therapy sessions for low back and bilateral knees, noting insufficient clinical data provided to determine necessity; no documentation is provided of therapies in the past beyond noting the inability to attend sessions. The MTUS, ACOEM Guidelines was cited. On 1/14/15, the injured worker submitted an application for IMR for review of physical therapy for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT Bilateral Knees: Upheld

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

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (?fading?) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and both knees. These records were unclear if the worker participated in a home exercise program and/or physical therapy or the number of therapist-directed physical therapy sessions the worker had. There was no discussion describing the reason additional physical therapy sessions were needed or the expected benefit(s) compared with a home exercise program. Further, an indefinite number of sessions would not account for fading to a home exercise program or changes in the worker's care needs. For these reasons, the current request for an indefinite number of physical therapy sessions for both knees is not medically necessary.