

Case Number:	CM15-0011027		
Date Assigned:	02/23/2015	Date of Injury:	02/24/2008
Decision Date:	04/03/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/23/2015

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: 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 injured worker is a 63 year old female, who sustained an industrial injury on 2/24/2008. The diagnoses have included osteoarthritis left knee, acute left knee pain and bilateral pes anserinus bursitis. Treatment to date has included a cortisone injection to the left knee and acupuncture. According to the Primary Treating Physician's Progress Report dated 12/2/2014, the injured worker complained of anterior knee pain rated 5/10. She noted that the pain worsened when climbing stairs and was particularly sharp and stabbing when kneeling. She was not taking any medications and was ambulating without an assistive device. The injured worker also reported numbness and tingling bilaterally in her hands that began in the last month or two. Focused exam of the bilateral knees revealed no edema, ecchymosis or erythema. There was tenderness to palpation in the bilateral pes bursa area. The bilateral hands were non-tender. She was neurovascularly intact in her bilateral upper extremities. Authorization was requested for physical therapy twice a week for four weeks. On 12/24/2014, Utilization Review (UR) modified a request for physical therapy two times a week for four weeks to physical therapy times two sessions. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times four for the left knee: Upheld

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

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

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 requested number of 8 visits surpasses the number of six recommended for clinical trial to determine functional improvement. The request should not be authorized.