

Case Number:	CM15-0131298		
Date Assigned:	07/17/2015	Date of Injury:	09/18/2014
Decision Date:	08/13/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female, who sustained an industrial injury on 9/18/2014. She reported a fall resulting in a low back and right knee injury. Diagnoses include acute right sided low back pain status post fall, severe degenerative disc disease, and right knee bone bruise. Treatments to date include NSAID, physical therapy and therapeutic joint injection. Currently, she complained of ongoing right knee pain. On 5/26/15, the physical examination documented disuse atrophy and mild joint effusion. The straight leg raise was positive. The treating diagnosis included five and a half months status post bone contusion and capsular avulsion. The plan of care included additional physical therapy two to three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2-3x4 for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain,

Physical medicine treatment. (2) Preface, Physical Therapy Guidelines (3) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for right knee pain. She sustained a capsular avulsion and bone contusion. In January 2015, she was improving with therapy treatments. She completed 12 physical therapy treatment sessions as of 02/20/15. When seen, she was having ongoing pain. She was taking Aleve and wearing a compression sleeve. She was having difficulty walking without limping. Physical examination findings included mild joint effusion and muscle atrophy. There was medial and lateral joint line tenderness. Guidelines recommend up to 12 therapy treatments over 8 weeks for the treatment of this condition. In this case, the claimant has already had an appropriate course of physical therapy with documented improvement while undergoing treatments. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.