

Case Number:	CM15-0134924		
Date Assigned:	07/23/2015	Date of Injury:	09/20/2004
Decision Date:	08/19/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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 67 year old male who sustained an industrial injury on 9/20/04. The mechanism of injury was unclear. He currently complains of left knee pain. On physical exam there was tenderness around the medial aspect of the patella, there was mild lateral and medial sided tenderness. Diagnosis was left knee osteoarthritis. Medications were not specifically identified. Treatments to date include three Euflexxa injections completed on 5/13/15 with decrease in pain but now pain is starting to increase (usually at this point, when pain starts to increase again, physical therapy is helpful until the next round of injections) physical therapy; medications. In the progress note dated 6/19/15 the treating provider's plan of care included a request for physical therapy of 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 for the left knee (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339, Chronic Pain Treatment Guidelines Physical Medicine; Physical Medicine Guidelines.

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.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for left knee pain. Treatments have included viscosupplementation injections and physical therapy. In January 2015, 6 physical therapy treatments were provided. When seen, he had completed another series of injections. There was decreased pain. There was varus alignment with slight medial joint line tenderness. Another 6 sessions of physical therapy was requested. The claimant is being treated for chronic pain with no new injury and has had physical therapy within the previous six months for the same reason it is being requested again. 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 this case, the number of visits requested is in excess what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments and does not reflect a fading of treatment frequency. The request is not medically necessary.