

Case Number:	CM15-0135690		
Date Assigned:	07/23/2015	Date of Injury:	06/05/2013
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 48 year old female, who sustained an industrial injury on 06/05/2013. She has reported injury to the neck, right wrist, right knee, and low back. The diagnoses have included status post right knee arthroscopy, debridement of meniscal tear; recurrent right knee meniscal tear; disc protrusion at L4 over L5, as well as disc protrusion at T12 over L1; and right wrist soft tissue ganglion cyst noted just volar to the radial metaphysis. Treatment to date has included medications, diagnostics, bracing, physical therapy, and surgical intervention. Medications have included Norco and Tylenol No. 3. A progress note from the treating physician, dated 04/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persistent and frequent pain in the lower back, which she rates at 7/10 on the pain scale; right wrist pain which is rated at 8-9/10 on the pain scale; the wrist pain is worsening that radiates up to her forearm with sharp pain and weakness in the hand; frequent right knee pain which is rated at 5-7/10 on the pain scale and is the same; the pain is made better with rest and medication; Norco helps her pain from a 9 down to a 4; it allows her to use her right hand to grasp and grip to do basic activities of daily living for 30 minutes as opposed to 15- 20 minutes without the medications; the pain is made worse with weather conditions and activities; and she is currently not working. It is noted that medication and therapy have been helpful in reducing pain. Objective findings included in no acute distress; decreased range of motion of the lumbar spine; tenderness to the lumbar paraspinals; positive Kemp's sign bilaterally; tenderness to the volar and lateral aspect of the right wrist; decreased grip strength at 4/5; slight decrease in range of motion; tenderness over the thenar aspect and tenderness to the interosseous spaces diffusely; right knee with slight decrease in range of motion, but improved since last month; and the quadriceps strength is still decreased at 4/5. The treatment plan has included the request for physical therapy to the right knee 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right knee 2 times a week for 6 weeks: Upheld

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

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 sustained a work injury in June 2013 and underwent right knee arthroscopic repair of a meniscal tear in October 2013. She continues to be treated for low back, right wrist, and right knee pain. When seen, knee pain was rated at 5/10. She was having worsening symptoms when ambulating. Physical examination findings included a BMI of over 35. There was decreased knee range of motion and strength. McMurray's testing was positive. Authorization for 12 sessions of physical therapy for the knee for strengthening and improved function was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. 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 the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.