

Case Number:	CM15-0147509		
Date Assigned:	08/11/2015	Date of Injury:	08/15/2011
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old female who sustained an industrial injury on August 15, 2011 resulting in bilateral knee pain. She was diagnosed with knee sprain, pes anserinus tendinitis, and bilateral osteoarthritis. Documented treatment has included Synvisc injections with reported pain reduction, aquatic therapy, gym exercise, and medication. The injured worker continues to report pain and locking in her knees. The treating physician's plan of care includes 6 sessions of physical therapy for both knees. She is on work restrictions or temporary total disability if not available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Bilateral Knees, 2 times wkly for 3 wks, 6 sessions: Overturned

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

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

Decision rationale: The patient presents status post left knee sprain, bilateral knee arthritis and pes anserinus tendonitis bilaterally. The current request is for physical therapy, bilateral knees, 2 times weekly for 3 weeks, 6 sessions. The treating physician states that the patient had physical therapy visits a few weeks after the initial injury August 15, 2011, which reduced pain but she continued to have left knee pain. (19) She was prescribed physical therapy December 2014 but after completing four sessions she was unable to tolerate the physical therapy because it caused excessive pain. The MTUS guidelines state that physical therapy "can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." In this case, the treating physician has requested six more sessions of physical therapy. While a previous short-term attempt at physical therapy caused increased pain, the current request is based on flaring of the patient's condition and is supported by the MTUS guidelines. The current request is medically necessary.