

Case Number:	CM15-0149558		
Date Assigned:	08/12/2015	Date of Injury:	04/01/2010
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/31/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 50 year old female with an industrial injury dated 04-01-2010. The injury is documented as a fall while carrying plates. She landed on her knees and suffered a laceration to the left middle finger. Her diagnoses included bilateral knee chondromalacia patella with mild osteoarthropathy and left hand third finger, trigger finger. Co morbid conditions were hypertension and cancer, double mastectomy January 2015. Prior treatment included medications, activity modification, stretching, heat, physical therapy and home exercise. She presents on 05-12-2015 with complaints of right knee pain rated as 8 out of 10, left knee pain rated as 8 out of 10, left wrist-hand pain rated as 6 out of 10 and triggering of the third finger, left hand. Physical exam noted tenderness of right knee with painful patellofemoral crepitation throughout range of motion. There was also painful patellofemoral crepitation with range of motion of the left knee. There was triggering of third finger of the left hand. The treatment request is for 8 physical therapy visits for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy visits for the bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states "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); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." The medical records provided indicate this patient has previously attended physical therapy, however, the treating physician has not provided documentation of functional improvement from previous therapy. As such, the request for 8 physical therapy visits for the bilateral knees is not medically necessary.