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| Case Number: | CM15-0163653 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 09/19/1996 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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 September 19, 1996. A follow up visit date January 16, 2015 reported subjective complaint of knee swelling and pain. Current medications were: Tylenol and Codeine 300mg 60mg, Cymbalta, Bupropion, Prilosec, Ultram ER, and Trazadone. The following diagnoses were applied: pulmonary embolism, obesity, unspecified; post-traumatic osteoarthritis of one knee, unspecified laterally; septic arthritis, and deep vein thrombosis. A primary treating follow up dated March 11, 2015 reported subjective complaint of bilateral knees with increased pain due to weather changes and walking up or down stairs increases the pain. There is mention of discussion regarding pending authorization for physical therapy and Pilates sessions attempting weight reduction. She states utilizing a stationary bike at home. Follow up visit dated April 10, 2015 reported the worker status post knee replacement and doing well with home exercises and physical therapy session. The pain management is tolerated using Tylenol and Codeine. A follow up in July 2015 reported denial of requested physical therapy and noted being prescribed this visit to participate in a course of physical therapy with ultrasound and iontophoresis; utilize a topical anti-inflammatory Voltaren gel; recommended or advise aquatic therapy and advised to stop home exercises and follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with ultrasound/iontophoresis for another 6-8 weeks for the left 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) Forearm, Wrist, & Hand (Acute & Chronic), Iontophoresis.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1996 and is being treated for bilateral knee pain. Treatments have included a right total knee replacement complicated by infection. When seen, she was having bilateral knee pain. She was having left worse than right-sided symptoms. She was having difficulty bending her knee. She had not had recent physical therapy. Tylenol #4 was providing minimal pain relief. Physical examination findings included a BMI of over 43. There was decreased left knee range of motion with patellar tenderness. Recommendations included physical therapy with ultrasound and iontophoresis for another 6 -8 weeks and pool therapy for 6 weeks. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. There is limited support for iontophoresis. Guidelines recommend a trial of two treatments with continued treatment based on documented objective improvement. In this case, the number of additional visits requested is not specified. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

Water therapy x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy.

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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1996 and is being treated for bilateral knee pain. Treatments have included a right total knee replacement complicated by infection. When seen, she was having bilateral knee pain. She was having left worse than right-sided symptoms. She was having difficulty bending her knee. She had not had recent physical therapy. Tylenol #4 was providing minimal pain relief. Physical examination findings included a BMI of over 43. There was decreased left knee range of motion with patellar tenderness. Recommendations included physical therapy with ultrasound and iontophoresis for another 6 -8 weeks and pool therapy for 6 weeks. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have

co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant is noted to be obese and a trial of pool therapy would be appropriate. However, 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 being requested is not specified. The request is not medically necessary.