

Case Number:	CM15-0164024		
Date Assigned:	09/01/2015	Date of Injury:	12/24/2008
Decision Date:	09/30/2015	UR Denial Date:	07/16/2015
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: 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 49 year old female who sustained an industrial injury on 12-24-08. In a progress report dated 6-25-15, the treating physician notes the injured worker is seen in follow up for a 6 mm disc bulge at L4-L5, left lateral epicondylitis, right knee medial meniscal tear status post surgery, and left knee lateral meniscal tear status post surgery. The injured worker reports she was recommended to have a left total knee replacement. The exam of both knees reveals tenderness to palpation and restricted range of motion secondary to pain. Her gait is mildly antalgic and she walks with a cane. There is limited range of motion of the lumbar spine secondary to pain. Previous treatment noted includes surgery, physical therapy, Synvisc injection -left knee, and medication. Work status is to return to modified duty, sit down work only, effective 6-25-15. The treatment plan is physical therapy 3 times a week for 4 weeks, Gabapentin, and Norco. The requested treatment is physical therapy, 3 times a week for weeks for the lumbar spine and bilateral knees, for a quantity of 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times weekly for 4 weeks, Lumbar spine and bilateral knees, qty 12.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), 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. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a six-visit clinical trial of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. ODG and MTUS refer to the post-surgical knee as Recommended; Positive limited evidence. As with any treatment, if there is no improvement after 2-3 weeks the protocol may be modified or re-evaluated. The number of physical therapy sessions range from 12-24. Medical documentation provided indicate this patient has had at least 30 post operative physical therapy sessions for the knees. The medical documentation provided does not indicate why additional therapy is needed at this time or why this patient cannot be transitioned to a home exercise program. As such, the request for Physical therapy, 3 times weekly for 4 weeks, Lumbar spine and bilateral knees, qty 12.00 is not medically necessary.