

Case Number:	CM15-0164667		
Date Assigned:	09/02/2015	Date of Injury:	05/03/2006
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/21/2015

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 49 year old female, who sustained an industrial injury on May 3, 2006. Treatment to date has included lumbar epidural steroid injection, diagnostic imaging, total knee replacement, opioid medications, NSAIDS and physical therapy. Currently, the injured worker complains of pain in the left knee with associated numbness and tingling of the bilateral lower extremities. She reports that her low back pain has increased. On physical examination the injured worker has a positive Lasegue's test on the right and positive right straight leg raise. She has hypoesthesia at the anterolateral aspect of the foot and ankle of an incomplete nature of at L4, L5 and S1 dermatome levels. She has weakness of the big toe dorsiflexors and big toe plantar flexor bilaterally with facet joint tenderness at L3, L4, and L5 levels bilaterally. She has healed total knee incision with limited range of motion of the left knee. She has positive anterior drawer's test and positive medial and lateral joint line tenderness. The diagnoses associated with the request include left total knee replacement, and herniated lumbar disc at L3-L4. The treatment plan includes continued physical therapy to the lumbar spine and physical therapy to the left knee for strength training, increased range of motion and decreasing pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy (PT) 2 x 6 for the left knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy/Chiropractic Guidelines.

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-related injury in May 2006 and is being treated for chronic low back and left knee pain. She has a history of a revision left knee replacement in November 2014. In February 2015 she underwent a combined epidural steroid injection and multilevel facet block procedure. Recent treatments have included physical therapy beginning in April 2015 with completion of eight physical therapy treatments. She was having left knee pain and increased low back pain with numbness and tingling in the lower extremities. Physical examination findings included decreased lumbar spine range of motion with positive straight leg raising and decreased lower extremity strength and sensation. There was decreased knee range of motion with medial and lateral joint line tenderness and positive anterior drawer testing. Additional physical therapy is being requested. In this case, the claimant is being treated for chronic pain with no new injury and has recently 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 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 and does not reflect a fading of treatment frequency. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.