

Case Number:	CM15-0165407		
Date Assigned:	09/02/2015	Date of Injury:	03/13/2013
Decision Date:	10/06/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/24/2015

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 39 year old male, who sustained an industrial injury on 3-13-13. He reported injury to his left knee after striking it against a metal rail while running down the stairs. He underwent left knee surgery on 9-6-13. The injured worker was diagnosed as having lumbar sprain, lumbar disc displacement, radicular symptoms of lower limbs, chondromalacia patella knee and left torn lateral meniscus knee. Treatment to date has included a left knee MRI on 2-17-15, lumbar trigger point injections x 3, post-op physical therapy and left knee physical therapy from 7-2014 through 9-2014, Motrin, Terocin patches and Gabacyclotram cream. As of the PR2 dated 5-28-15, the injured worker reports low back pain radiating to his right posterior thigh and pain in his left knee and ankle. Objective findings include decreased lumbar range of motion, left knee range of motion 0-140 degrees and tenderness to palpation over the anterior talofibular ligament. The treating physician requested physical therapy x 8 sessions to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the bilateral knees, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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 March 2013 and is being treated for bilateral knee and low back pain. He underwent left knee surgery in September 2013 and developed low back pain while using crutches. Physical therapy was provided after surgery and in June 2014. When seen, he was having low back pain radiating to the right posterior thigh, left knee pain radiating to the low back, and left ankle pain. There was decreased lumbar range of motion with left sciatic notch tenderness and positive Lasegue testing. There was left knee joint line tenderness with normal range of motion but with crepitus. There was left ankle tenderness over the anterior talofibular ligament. Medications were prescribed and 8 sessions of physical therapy were requested. In this case, the claimant is being treated for chronic pain with no new injury and has already 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 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 requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.