

Case Number:	CM15-0168284		
Date Assigned:	09/09/2015	Date of Injury:	06/27/2002
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial injury on 06-27-2002. He reported that he felt a sharp pain in his heel spur and that he could barely walk. Treatment to date has included physical therapy, cortisone injection to the left ankle and Synvisc injections for the knees. There were no physical therapy progress reports or imaging reports submitted for review. According to an initial orthopedic evaluation dated 08-03-2015, the injured worker reported occasional pain in the eyes, low back, wrists and left knee that was stinging in character. Pain was rated 2 on a scale of 0-10 while resting and 4 with activities. Pain was associated with weakness and numbness. Activities of daily living were somewhat affected due to pain. Pain was worse in the evening and with standing and sitting. He reported bilateral knee pain, left greater than right. He also reported numbness in his left toe worse at night. Surgical history included left knee surgery on 03-23-1969. Medical conditions included diabetes mellitus type 2 and arthritis. Examination of the knees demonstrated tenderness over the medial joint lines. There was also tenderness, spasm and swelling noted over the left inferior and superior patella. There was positive effusion noted. McMurray's test was positive with external and internal rotation. Manual muscle testing revealed 4 out 5 strength with flexion and extension. Range of motion was restricted due to pain and spasm. Range of motion was decreased in the left with flexion. Diagnoses include bilateral knee internal derangement. The provider noted that authorization was being requested for surgical consultation with joint specialist for bilateral knee, physical therapy evaluation and treatment of bilateral knee three times a week for four weeks to restore flexibility, strength, endurance and range of motion and to alleviate discomfort and podiatry consultation for

orthotics for both feet. The injured worker was retired. On 08-18-2015, Utilization Review non-certified physical therapy, evaluation & treatment left knee 3 times weekly for 4 weeks 12 sessions and physical therapy, evaluation & treatment right knee 3 times weekly for 4 weeks 12 sessions and certified the request for surgical consult with joint specialist right knee, surgical consult with joint specialist left knee, podiatry consult left foot and podiatry consult right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, evaluation & treatment, Left Knee, 3 times wkly for 4 wks, 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 59 year old patient complains of right big toe bruise with numbness and tingling in the forefoot, rated at 3/10, as per progress report dated 08/17/15. The request is for physical therapy, evaluation & treatment, left knee, 3 times wkly for 4 wks, 12 sessions. There is no RFA for this case, and the patient's date of injury is 06/27/02. Diagnoses, as per progress report dated 08/17/15, included depression, bilateral knee pain, bilateral knee degenerative joint disease, diabetes mellitus, insomnia, chronic pain syndrome, and erectile dysfunction secondary to pain. Medications included Voltaren gel, Norco and Elavil. As per progress report dated 08/03/15, the patient complains of pain in low back, wrists and left knee, rated at 2-4/10, along with numbness and tingling. The patient is status post left knee surgery in 1969. Diagnoses included bilateral knee internal derangement. The patient is not working, as per the same progress report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 and Physical Medicine section has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the request for PT is first noted in progress report dated 08/03/15. In the report, the treater states the sessions will help restore flexibility, strength, endurance, and range of motion, and to alleviate discomfort. Given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. The treater does mention the number of sessions completed until now, and its impact on patient's pain and function. Additionally, as per progress report dated 07/20/15, the patient is following a home exercise regimen. It is not clear why the patient cannot continue to benefit from HEP. Furthermore, MTUS only allows for 8-10 sessions in patient who are not in the operative time frame, and the treater's request for 12 sessions exceeds that limit. Hence, the request is not medically necessary.

Physical Therapy, evaluation & treatment, Right Knee, 3 times wkly for 4 wks, 12 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The 59 year old patient complains of right big toe bruise with numbness and tingling in the forefoot, rated at 3/10, as per progress report dated 08/17/15. The request is for physical therapy, evaluation & treatment, right knee, 3 times wkly for 4 wks, 12 sessions. There is no RFA for this case, and the patient's date of injury is 06/27/02. Diagnoses, as per progress report dated 08/17/15, included depression, bilateral knee pain, bilateral knee degenerative joint disease, diabetes mellitus, insomnia, chronic pain syndrome, and erectile dysfunction secondary to pain. Medications included Voltaren gel, Norco and Elavil. As per progress report dated 08/03/15, the patient complains of pain in low back, wrists and left knee, rated at 2-4/10, along with numbness and tingling. The patient is status post left knee surgery in 1969. Diagnoses included bilateral knee internal derangement. The patient is not working, as per the same progress report. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 and Physical Medicine section has the following: Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the request for PT is first noted in progress report dated 08/03/15. In the report, the treater states the sessions will help restore flexibility, strength, endurance, and range of motion, and to alleviate discomfort. Given the patient's date of injury, it is reasonable to assume that the patient has had some therapy in the past. The treater does mention the number of sessions completed until now, and its impact on patient's pain and function. Additionally, as per progress report dated 07/20/15, the patient is following a home exercise regimen. It is not clear why the patient cannot continue to benefit from HEP. Furthermore, MTUS only allows for 8-10 sessions in patient who are not in the operative time frame, and the treater's request for 12 sessions exceeds that limit. Hence, the request is not medically necessary.