

Case Number:	CM15-0168798		
Date Assigned:	09/09/2015	Date of Injury:	12/23/1996
Decision Date:	10/08/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This injured worker is a 60 year old female who reported an industrial injury on 12-23-1996. Her diagnoses, and or impression, were noted to include: bilateral knee sprain with possible internal derangement. No current imaging studies were noted. Her treatments were noted to include: x-ray studies of the bilateral knees; medication management; and rest from work. The progress notes of 4-23-2015 were hand written and difficult to decipher, but were noted to report: continued severe pain in her left knee with popping, catching and giving way, and with a flare-up that day; and that her right knee and back were about the same. Objective findings were noted to include: mild swelling in the right knee; (illegible) straight leg raise; and good heel-toe walk. The physician's requests for treatments were noted to include physical therapy or occupation therapy, 3 times a week for 6 weeks. The Utilization Review of 8-12-2015 non-certified the request for outpatient physical therapy, 3 times a week for 6 weeks, for 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 3 times a week for 6 weeks for the bilateral knees, outpatient: Upheld

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

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 has a remote history of a work injury occurring in December 1996 and is being treated for low back and bilateral knee pain. When seen, she was having a flareup of left knee pain. Physical examination findings included decreased range of motion with mild swelling. Authorization for left knee arthroscopy and an MRI of the left knee was requested. Medications were refilled. Either physical therapy or chiropractic treatments were requested. The claimant is being treated for chronic pain with no new injury of the knee. In terms of 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 determine whether continuation of physical therapy was likely to be effective. The request was not medically necessary.