

Case Number:	CM15-0180298		
Date Assigned:	09/22/2015	Date of Injury:	03/03/2000
Decision Date:	10/27/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 67 year old female who sustained an industrial injury March 3, 2000. Diagnoses are left knee degenerative joint disease; medial meniscus tear. A treating physician's progress report dated March 11, 2015, physical therapy was ordered but there are no records of the number of sessions completed or outcomes of physical therapy. According to a treating physician's progress report dated August 20, 2015, the injured worker presented for a follow-up examination with complaints of increasing spasms. She reports doing better when she was in pool therapy. According to the injured worker, previous physical therapy had been denied and she is using Voltaren gel, which she found helpful. Physical examination revealed; left knee has a range of motion form 0-130 degrees with chronic pain and spasms. Treatment plan included continue walking and recommendation for pool therapy. At issue, is the request for authorization, dated August 25, 2015, for additional physical therapy (2) times a week for (6) weeks for the left knee. According to utilization review dated September 2, 2015, the request for additional Physical Therapy (2) times per week for (6) weeks for the left knee is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times per week for 6 weeks for the left knee: 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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87.

Decision rationale: The claimant sustained a work injury in March 2000 and continues to be treated for left knee pain. When seen, she was having frequent and increasing spasms. She had done better when receiving pool therapy. She was using Voltaren gel, which was helping. Physical examination findings included normal left knee range of motion with spasms. Authorization for additional pool therapy was requested. Diagnoses were a medial meniscus tear and degenerative joint disease. Aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the claimant had already benefited from the skilled aquatic therapy treatments provided. Transition to an independent pool program would be appropriate and would not be expected to require the number of requested skilled treatments. The request is not medically necessary.