

Case Number:	CM15-0184686		
Date Assigned:	09/25/2015	Date of Injury:	03/24/2014
Decision Date:	10/30/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/21/2015

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 51 year old female, who sustained an industrial-work injury on 3-24-14. A review of the medical records indicates that the injured worker is undergoing treatment for left leg osteoarthritis. Medical records dated (6-15-15 to 7-27-15) indicate that the injured worker complains of continued left knee pain status post left knee surgery. The pain increases especially with walking and stairs and decreases with rest. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 7-27-15, the injured worker has not returned to work. The physical exam dated from (6-15-15 to 7-27-15) reveals deep tendon reflexes +2, left knee flexion with increased pain, and decreased flexion at 125 degrees. The submitted documentation was difficult to decipher. Treatment to date has included pain medication Celebrex, diagnostics, physical therapy at least 12 sessions, status post left knee surgery 10-13-14, knee injections, and other modalities. The request for authorization date was 7-6-15 and requested service included Physiotherapy 2 times a week for 3 weeks for the left knee the original Utilization review dated 9-3-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 2x3 weeks for the left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical 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 sustained a work injury in March 2014 when, while descending stairs and carrying trash bags she stepped down and had left knee pain. She had arthroscopic surgery in October 2014 followed by physical therapy. When seen, she was having ongoing knee pain increased in the evening and when walking on stairs. Pain was rated at 7-8/10. Physical examination findings included full knee flexion. Her body mass index is over 34. Authorization for six sessions of physical therapy and a series of Synvisc injections was requested. There had been temporary relief with prior therapy treatments. Case notes reference completion of at least 12 postoperative therapy sessions. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines and has ongoing impairment. 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 consistent with that recommended and with what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is medically necessary.