

Case Number:	CM15-0185109		
Date Assigned:	09/25/2015	Date of Injury:	10/16/2014
Decision Date:	11/06/2015	UR Denial Date:	08/13/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 52-year-old female, who sustained an industrial injury on 10-16-2014, resulting in pain or injury to the bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatment for right knee internal derangement, left knee internal derangement, and left knee meniscus tear. On 7-23-2015, the injured worker reported intermittent moderate sharp right knee pain rated 5 out of 10, and intermittent moderate achy left knee pain rated 7 out of 10, with weakness in both knees and numbness in both feet-toes. The Primary Treating Physician's report dated 7-23-2015, noted the injured worker's right knee with swelling, with decreased and painful range of motion (ROM), tenderness to palpation of the anterior knee, lateral joint line, posterior knee, and superior border of the patella, muscle spasms of the anterior and posterior knee, and a positive McMurray's. The left knee was noted to have some swelling with decreased and painful range of motion (ROM), tenderness to palpation of the anterior knee, lateral joint line, medial joint line, and posterior knee, with muscle spasm of the anterior and posterior knee. Prior treatments have included at least 7 sessions of physical therapy, noted on 3-18-2015 that the injured worker did not make progress with physical therapy, and medications. The treatment plan was noted to include requests for physical therapy to decrease pain-spasm and increase range of motion (ROM) and activities of daily living (ADLs), acupuncture, bilateral knee x-rays, and a nerve conduction velocity (NCV)-electromyography (EMG) of the bilateral lower extremities. The injured worker was recommended to remain off work until 9-6-2015. A 2-4-2015, physical therapy note reported the injured worker's current pain was 7 out of 10 with an initial pain level of 8 out of 10, with no change in subjective complaint on the 6th visit. The request for authorization dated 7-29-2015, requested physical therapy 1x6 for the bilateral knees. The Utilization Review (UR) dated 8-13-2015, non-certified the request for physical therapy 1x6 for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 1x6 Bilateral 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) Knee, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks. Per the medical records, the injured worker is being treated for right and left knee internal derangement, and left knee meniscus tear. It was noted that at least 7 sessions of physical therapy were completed per progress note dated 3/18/15. It was noted that the injured worker did not make progress with physical therapy and medications. As an additional 6 sessions of physical therapy would exceed the guidelines, and the injured worker failed to respond to previous physical therapy; the request is not medically necessary.