

Case Number:	CM15-0185356		
Date Assigned:	10/01/2015	Date of Injury:	08/15/2014
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
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: New Jersey

Certification(s)/Specialty: Family Practice

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 43 year old female who reported an industrial injury on 8-15-2014. Her diagnoses, and or impressions, were noted to include: left knee chondromalacia; left lumbar 5 radiculopathy with chronic left knee pain. Recent magnetic imaging studies of the lumbar spine were said to be authorized. Her treatments were noted to include: 12 sessions of physical therapy for the left knee (6 sessions July - Aug., 2015); a home exercise program; medication management; and a return to modified work duties. The physiatry evaluation progress notes of 8-7-2015 reported: significant ongoing left-sided back, and knee pain, that radiated down her left leg; and that her pain was rated 6 out of 10, despite taking Tramadol, with tingling in her feet after 30 minutes of sitting, causing difficulty walking, standing and "at the knee and waist". The objective findings were noted to include: obesity; no acute distress; an antalgic gait; tenderness over the lumbar para-spinals with decreased bilateral lumbar range-of-motion and positive left straight leg raise; and a grossly diminished left lumbar 5 dermatome. The physician's requests for treatment were noted to include the continuation of physical therapy. The Request for Authorization, dated 8-7-2015, was noted for physical therapy evaluate and treat for 6 additional physical therapy session, 3 visits per week for 2 weeks, for the knee. The Utilization Review of 8-31-2015 non-certified the request for 6 additional physical therapy sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee 3 times a week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, there was record of having completed at least 6 recent sessions of physical therapy and at least 12 or more since the initial injury involving her left knee. There was no found reporting of how effective these sessions were at improving functional capacity. There was record of the provider recommending home exercises, but there was limited reporting from the worker if these exercises for the left knee were being performed and were able to be performed without difficulty. There was no evidence found in the notes to suggest this worker required additional supervised physical therapy at this time, and continuation of home exercises seems most appropriate. Therefore, the request is not medically necessary.