

Case Number:	CM15-0185404		
Date Assigned:	09/25/2015	Date of Injury:	05/15/2013
Decision Date:	11/02/2015	UR Denial Date:	08/17/2015
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: Arizona, California
 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:

The injured worker is a 45 year old female, who sustained an industrial injury on 5-15-2013. The injured worker was diagnosed as having right knee pain, status post right knee chondroplasty, lumbago, bilateral wrist pain, and bilateral ankle pain. Treatment to date has included diagnostics, lateral tibial chondroplasty 3-17-2014, physical therapy (total sessions to date not provided, 6 recent sessions noted), acupuncture (at least 6 recent visits authorized), right knee intra-articular corticosteroid injection on 8-07-2015, and medications. Currently (8-10-2015), the injured worker complains of persistent low back and right knee pain, low back pain rated 5 out of 10, and right knee pain rated 6 out of 10 (pain rating 6 out of 10 on 7-01-2015). Walking increased her knee and low back pain, and she also reported intermittent "popping" into the right knee. It was documented that she had done physical therapy, "which helped the knee with strengthening", and was doing a home exercise program. She was doing "fairly well" on current medication (Gabapentin and Naproxen) and medication helped increase her activity level (unspecified). It was documented that an Agreed Medical Evaluation (1-16-2015) noted that right knee treatment should include injections, medication, and physical therapy. Magnetic resonance imaging of the lumbar spine (7-2013) was documented as showing mild to moderate facet arthropathy at L3-4 through L5-S1 and mild disc bulging at L4-5 and L5-S1, without neural foraminal or canal encroachment. Objective findings included tenderness and spasms in the lumbar paraspinal muscles, spine stiffness with motion, and tenderness to the right lower facet joints, right posterior iliac spine, and right gluteal region. Patrick's test was positive on the right, along with diffuse tenderness to the right knee joint (increased to medial aspect),

and right knee flexion limited to 100 degrees. Strength was 4+ of 5 in right knee flexion and extension (4- out of 5 on 6-25-2015). Her work status remained modified with restrictions. Physical therapy for the lumbar spine and right knee noted 6 sessions 6-25-2015 through 7-13-2015. The therapist documented (7-13-2015) objective findings as "still gets joint line internal pain with excessive squatting activities however 80% improvement with infra patella tendon strap". Also documented was poor endurance and only seeing her for 6 visits, noting that she required 2-3 months of training in order to get her up to par for labor intense activities. The treatment plan included additional physical therapy for the right knee and lumbar spine x12, non-certified by Utilization Review on 8-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve Physical Therapy visits for the right knee and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Physical Medicine Treatment.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Knee Complaints 2004, Section(s): Initial Care, Work Activities, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the guidelines, low back and knee pain /strain may require 8 - 10 session of physical therapy with additional therapy to be completed at home. In this case, the claimant completed numerous sessions of therapy. The claimant was also prescribed for home exercises. The request for 12 additional therapy sessions exceeds the guidelines recommendations especially since the claimant may perform home exercises. The request for additional physical therapy is not medically necessary.