

Case Number:	CM15-0187200		
Date Assigned:	10/02/2015	Date of Injury:	09/01/1998
Decision Date:	11/13/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female who sustained an industrial injury on 9-1-1998. A review of medical records indicates the injured worker is being treated for lumbar strain, muscle spasm, right knee chondromalacia, and status post right knee arthroscopy with poor functional recovery. Medical records dated 8-13-2015 noted low back pain and right sided knee pain. She rated her pain a 7 out 10. Pain has gotten worse since the last visit. Pain is aggravated with lifting, standing, and relieved with rest. Physical examination noted range of motion to the right knee was limited by pain. It was tender to palpation at the medial joint line. McMurray's was positive bilaterally. Patellar grind test was positive. She was tender to palpation on the right side of the lumbar paravertebral musculature. There was muscle spasm on the right side of the lumbosacral junction. Treatment has included a series of three Supartz injections to the right knee without relief. Medications included Cyclobenzaprine and Diclofenac. She has attended 3 out of 6 session of physical therapy. MRI of the right lower extremity revealed diminutive medial meniscal posterior horn and body, query prior debridement given history of knee surgery. Utilization review form dated 9-15-2015 noncertified physical therapy x 6 visits for the right 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 right knee, six visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and leg, Acute and Chronic, Physical medicine guidelines.

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

Decision rationale: Based on the 8/13/15 progress report provided by the treating physician, this patient presents with low back pain and right-sided knee pain rated 7/10 on VAS scale. The treater has asked for physical therapy for the right knee, six visits on 8/13/15. The patient's diagnoses per request for authorization dated 8/10/15 are lumbosacral/joint/ligament sprain, SI dislocation/subluxation, lumbosacral or thoracic neuritis, and lumbalgia/lumbar intervertebral. The patient had 2 prior right knee arthroscopic surgeries, unspecified per 4/22/14 report. The patient had one supartz injection on 7/9/15 report which improved her pain. However, after completing the series of 3 supartz injections to right knee, the patient said they did nothing to improve her pain per 8/13/15 report. The patient describes her low back pain as a dull ache localized in the lumbosacral junction in the midline per 8/13/15 report. The patient's work status is temporarily totally disabled per 8/13/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In this case, the patient was authorized for 6 physical therapy sessions and has completed 3 sessions per 7/16/15 report. The benefit of prior physical therapy was not specified per review of reports. Per utilization review letter dated 9/15/15, the request is denied due to lack of documentation of prior physical therapy. However, MTUS only allows for 8-10 sessions in non-operative cases. In conjunction with 6 previously authorized physical therapy sessions, the treater's current request for 6 additional sessions exceeds guideline recommendations. Hence, the request is not medically necessary.