

Case Number:	CM15-0196851		
Date Assigned:	10/12/2015	Date of Injury:	05/30/2014
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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 55 year old male who sustained an industrial injury May 30, 2014. Past history included right knee arthroscopy medial and lateral meniscectomy, synovectomy, and chondroplasty February 27, 2015 and left-sided greater trochanter bursa injection May 20, 2015. A physician's progress report dated June 3, 2015 revealed a 10% improvement in pain in the left hip with injection and a 20% improvement in pain the right knee. Past treatment included (6) sessions of physical therapy with mild relief, steroid injection and aspiration post surgery, steroid injection right knee January 28, 2015, and Norco. According to a primary treating physician's progress report dated August 18, 2015, the injured worker presented with complaints of right knee pain, rated 7 out of 10. He continues to utilize a brace and sleep with a pillow between his legs and reports persistent popping and clicking He has undergone 6 sessions of physical therapy and ongoing pain management follow-ups. He also reported intermittent aching pain at the lateral aspect of the left hip, rated 6-7 out of 10, which radiates to the left buttocks and thigh. He also reported pain in the left knee, 7 out of 10 with frequent popping and intermittent pain in the left ankle, rated 7 out of 10. Objective findings included; left hip-tender to palpation over the lateral aspect of the hip over the greater trochanter; right knee- tender to palpation over the medial and lateral joint lines, positive McMurray's and positive patellofemoral grind; left knee tender to palpation over the medial and lateral joint lines, positive McMurray's and positive patellofemoral grind. The physician documented a 2-view x-ray taken in his office of the left hip dated July 15, 2015, as small pincher type acetabulum. A 5-view bilateral knee taken in the office July 15, 2015, impression documented as; medial joint space narrowing with lateral patellar tilt. Diagnoses are right knee meniscus tear, status post surgery;

right knee chondromalacia; left knee meniscus tear; left knee chondromalacia; left hip labral tear. Treatment plan included MRI's for the left hip and left knee and follow-up with pain management. At issue, is the request for authorization for (8) physical therapy sessions for the left hip, left and right knee. A urine toxicology report dated April 21, 2015 and July 15, 2015 are present in the medical record revealing inconsistencies. According to utilization review dated September 21, 2015, the request for Physical Therapy (8) sessions (left hip, left-right knee) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 8 sessions for the left hip/ left and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The 55 year old patient complains of pain in left hip and bilateral knees, rated at 5-8/10, along with left ankle and low back pain, as per progress report dated 09/10/15. The request is for Physical therapy for 8 sessions for the left hip/ left and right knee. The RFA for this case is dated 09/10/15, and the patient's date of injury is 05/30/14. Diagnoses, as per progress report dated 09/10/15, included right knee medial meniscal tear, right knee pain, and left greater trochanteric bursitis. The patient is taking Norco for pain relief. Diagnoses, as per progress report dated 08/18/15, included bilateral knee meniscal tear, bilateral knee chondromalacia, and left hip labral tear. The patient is temporarily partially disabled, as per progress report dated 07/15/15. MTUS Chronic Pain Management Guidelines 2009, pages 98, 99 has the following: "Physical Medicine: 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." MTUS post-surgical guidelines, pages 24-25, Knee allow for 12 visits over 12 weeks to patients undergoing meniscectomy. The postsurgical physical medicine treatment period is 6 months. In progress report dated 09/10/15, the treater states 6 sessions of physical therapy provided no relief. However, subsequently in the same report, the treater states that the patient had 6 sessions of physical therapy since the injury, which did provide some relief and allowed him to increase his walking distance by about 10 minutes. The treater also indicates that the patient is status post right medial and lateral meniscectomy, chondroplasty and synovectomy on 02/27/15, and is requesting for 8 additional sessions of PT for bilateral knees and left hip to help decrease his pain and increase his activity level. As per progress report dated 08/13/15, the patient did not have any post-surgical physical therapy to the right knee, and the treater requested 8 sessions to improve his range of motion, strength and activity level during that visit. A request for 12 sessions of physical therapy for bilateral knees and left hip is also noted in progress report dated 07/15/15 and 06/03/15. It appears that these prior requests were denied, although neither the progress reports nor the Utilization Review denial letter mentions their status explicitly.

There is conflicting documentation regarding the efficacy of six initial physical therapy sessions, and there is no discussion regarding efficacy of any subsequent therapy the patient may have received. Additionally, the treater does not explain why the patient has not transitioned to a home exercise regimen. While MTUS allows for 12 sessions of physical therapy in patients undergoing menisectomy, the patient is not within the post-operative time frame as the RFA is dated 09/10/15 and the patient's date of surgery is 02/27/15. The guidelines only allow for 8-10 sessions of PT in non-operative cases. Hence, the request for 8 additional sessions of therapy for bilateral knees and left hip is excessive and IS NOT medically necessary.