

Case Number:	CM15-0200036		
Date Assigned:	10/15/2015	Date of Injury:	01/18/2015
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii

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 28 year old male, who sustained an industrial injury on 1-18-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left knee sprain-strain with degenerative joint disease. On 7-29-2015, the injured worker reported left knee pain rated 6 out of 10. The Primary Treating Physician's report dated 7-29-2015, noted that acupuncture was helpful, with past physical therapy also noted to be helpful. The injured worker's functional status was noted to be improved, able to increase his walking from less than a quarter mile to one quarter to one half mile. The physical examination was noted to be unchanged since the previous examination. Prior treatments have included Tylenol, Naprosyn, at least 6 sessions of physical therapy, acupuncture, and Functional Capacity Evaluation (FCE). The treatment plan was noted to include physical therapy and acupuncture with Voltaren, Sentra PM, and Theramine. On 8-28-2015, the treatment plan was noted to include discontinuation of the Theramine and Sentra, with prescriptions for Voltaren, topical cream, and requests for physical therapy, acupuncture, and a psychiatrist-psychologist consult with the injured worker's work status noted to be temporarily totally disabled. The 4-16-2015, physical therapy note, noted to be visit #12, noted the injured worker had approximately 24 hours of relief following the last treatment with the injured worker's pain level 5 out of 10 returned to the anterior knee. The injured worker was noted to have some tenderness through the lateral patellar tendon origin, with expected "resolution with conservative care but will return to more active strengthening as symptoms dissipate." The request for authorization dated 9-21-2015, requested physical therapy

2 times a week for 3 weeks for left knee. The Utilization Review (UR) dated 9-24-2015, non-certified the request for physical therapy 2 times a week for 3 weeks for left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Physical therapy 2 times a week for 3 weeks for left knee. The treating physician report dated 6/26/15 (48C) states, "During that time he received additional treatments such as he was prescribed naproxen and had 12 sessions of physical therapy." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received at least 12 sessions of physical therapy for the left knee previously. The patient's status is not post-surgical. In this case, the patient has received at least 12 sessions of physical therapy to date and therefore the current request of 6 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The letters of justification state the relevant guidelines but do not elucidate how they are justified for the injured worker. The current request is not medically necessary.