

Case Number:	CM15-0200786		
Date Assigned:	10/15/2015	Date of Injury:	05/15/2013
Decision Date:	11/24/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 44 year old female, who sustained an industrial injury on 05-15-2013. She has reported injury to the right knee and low back. The diagnoses have included right knee pain; status post right knee lateral tibial chondroplasty; low back pain; bilateral wrist pain; right ankle pain. Treatment to date has included medications, diagnostics, injections, acupuncture, physical therapy, home exercise program, and surgical intervention. Medications have included Naproxen and Gabapentin. A progress report from the treating physician, dated 07-01-2015, documented that the injured worker started acupuncture treatment and physical therapy and "feels the combination is helping for her pain with increased flexibility and decreased pain". A progress report from the treating physician, dated 07-31-2015, documented an evaluation with the injured worker. The injured worker reported persistent lower back and right knee pain; her pain is rated at 6 out of 10 in intensity for the right knee, and 5 out of 10 in intensity for the low back; she describes her pain as deep and aching into the lower back with stiffness into the knee; she feels intermittent popping into the right knee; climbing, standing, and walking increase her pain; she has done physical therapy which has helped the knee pain with strengthening; she is doing home exercise program; and she is doing fairly well on current medication and it does help her to increase her activity level. Objective findings included tenderness and spasms are noted in the lumbar paraspinal muscles; stiffness is noted with motion of the spine; tenderness to right lower facet joints, right posterior iliac spine, and right gluteal region; Patrick's test is positive on the right; tenderness diffusely to the right knee joint, increased to medial aspect; right knee flexion is limited; and strength is 4+ out of 5 in the right knee flexion and extension. The treatment plan has included the request for physical therapy 8 sessions for the right knee and lumbar spine. The original utilization review, dated 09-08-2015, non-certified the request for physical therapy 8 sessions for the right knee and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions for the right knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Official Disability Guidelines (ODG), Knee and Leg, Official Disability Guidelines (ODG), Physical Medicine Guidelines.

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

Decision rationale: Physical therapy 8 sessions for the right knee and lumbar spine is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits of therapy for this patient's condition. The patient has already had 6 PT sessions and an additional 8 sessions would exceed the MTUS recommended number of visits for this condition. There is no clear evidence of objective increase in function from prior PT. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.