

Case Number:	CM15-0205484		
Date Assigned:	10/22/2015	Date of Injury:	04/09/2009
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38-year-old female who sustained a work related injury April 9, 2009. Diagnoses include cervical sprain; derangement of shoulder joint; carpal tunnel syndrome; internal derangement of knee; lumbar strain. History included hypothyroidism and bouts of depression and anxiety. Past treatment included physical therapy to the hands, which included paraffin and massage, a hand mold to use day and night, injections to the hands, ben-gay, ice, cortisone injection into left knee and a continuing exercise regimen. According to an initial primary treating physician's report dated September 22, 2015, the injured worker presented with continuous pain in her shoulders, which traveled, to her neck, elbow and hands. She reported a popping, clicking and grinding sensation in her shoulder (unspecified) and episodes of numbness and tingling in her hands and fingers. She also reported continuous bilateral wrist-hand pain, which traveled to her elbows, shoulders and neck and was associated with numbness and tingling in her hands, along with cramping and weakness. There was difficulty gripping, grasping, flexing-extending rotating and repetitive hand and finger movements. She was having difficulty sleeping secondary to pain and was fatigued throughout the day. Objective findings included no swelling, warmth, or deformities in the knees and no signs of external trauma; tenderness to palpation over the left knee joint medially; right and left knee range of motion within functional limits; anterior drawer and posterior drawer negative right and left, and McMurray's negative right and positive left. Treatment plan included medication and at issue, a request for authorization for physical therapy to the knee, dated September 22, 2015, for physical therapy for the left knee. The progress report on October 20, 2015 noted ongoing left knee pain despite recent knee injection. Physical exam remained unchanged. Utilization review dated October 6, 2015. Non-certified the request for Physical Therapy 3 x4, Left Knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times a week for 4 weeks, 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Knee Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the Physical Therapy clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8-week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. The patient's records available for review do not document a history of an industrial-based injury to the knees nor gives any past or present knee symptomatology. They do note a prior cortisone injection into the left knee, which did not change the patient's symptoms or exam findings. No other prior therapy was documented. Although physical therapy can be effective for initial injuries and exacerbations of chronic musculoskeletal injuries, the therapy should follow the above recommendations. The provider did not render any reason for requesting more therapy sessions than is recommended by the MTUS. Medical necessity for the frequency and number of physical therapy sessions requested is not medically necessary.