

Case Number:	CM15-0209676		
Date Assigned:	10/28/2015	Date of Injury:	05/08/2004
Decision Date:	12/16/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/26/2015

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 50-year-old female who sustained an industrial injury on 5-8-2004 and has been treated for reflex sympathetic dystrophy on the right side. She is status post right knee arthroscopic surgery. On 9-16-2015, the injured worker reported improvement since starting physical therapy. Subjective information relating to pain intensity and characterization were not provided in the note. Objective findings included the injured worker walking with a slight antalgic gait with slow steps and painful heel to toe ambulation. Lumbar range of motion was stated to be unrestricted, and the physician noted "slight" hypersensitivity to touch anteriorly and posteriorly, but said this was "a significant improvement." Documented treatment includes home exercise, use of a single point cane, methadone, clonazepam, and Flexeril. She was noted 9-16-2015 as presently participating in physical therapy with "significant improvement." The number of visits attended was unspecified. There is a request for authorization submitted 8-19-2015 where 6 were requested, with 5 therapy notes present. Examples of improvement secondary to physical therapy treatment were that she could touch her leg and roll her hand on "the leg that is desensitizing" and she was quoted as stating that if she could continue with physical therapy, "hopefully she will be off the medication." The injured worker has been approved for a sympathetic ganglion block, which she has asked to postpone until completing physical therapy. The treating physician's plan of care includes an additional 6 sessions of physical therapy, but this was denied on 10-1-2015. It is not documented if she is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for three weeks: 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 records indicate that the patient continues to have some dysfunction in her right knee. The current request for consideration is physical therapy two times a week for three weeks. The progress report dated 8/19/15, page, states "I am totally in agreement with physical therapist as patient has shown significant improvement I am requesting she should be authorized twice a week for three weeks pool therapy so that she should gain some more range of motion as well as she should be independent in the ambulation without any assistive device." The CA MTUS does recommend physical therapy as an option for knee injuries. Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. CA MTUS allows for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the records indicate that the patient has completed more physical therapy sessions to date than is recommended by the MTUS guidelines. By this time, the patient should be well versed in exercise and should be completely able to transition into a fully independent home-based exercise program. The attending physician offers no discussion as to why the patient still requires supervised exercise. Furthermore, the attending physician states that the patient needs to gain more range of motion but fails to provide any range of motion measurements for the knee. He also fails to address why pool therapy is necessary when the goal of treatment is to increase joint range of motion. As such, the current request is not supported by the available documentation and is not medically necessary.