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| Case Number: | CM15-0028387 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 05/24/2007 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/15/2015 |

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 5/24/07. The injured worker reported symptoms in the back and left knee. The diagnoses included osteoarthritis of the left knee and status post left knee arthroscopy 2/5/09. Treatments to date include status post left knee arthroscopy on 2/5/09, physical therapy, back brace, transdermal analgesics and oral pain medications. In a progress note dated 12/11/14 the treating provider reports the injured worker was with "intermittent pain in her lower back...rates her pain as 5 on a numeric rating scale of 0-10." On 2/6/15 Utilization Review non-certified the request for physical therapy for the left knee. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2), 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 12 physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. 8-12 additional physical therapy sessions are not medically necessary.