

Case Number:	CM15-0029072		
Date Assigned:	02/23/2015	Date of Injury:	04/25/2010
Decision Date:	04/02/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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

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

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 57 year old female, who sustained an industrial injury on April 25, 2010. The diagnoses have included residual symptomatic degenerative arthrosis and chondromalacia of the bilateral knees. Treatment to date has included steroid injection, medication, diagnostic testing and physical therapy. Currently, the injured worker complains of knee pain in the left and right knees. She reports that cortisone injections give her significant relief and she is working on a home exercise program. She reports residual right and left knee pain and that she uses a walker for ambulation. On examination, the injured worker had atrophy of the right knee and a mild effusion was noted. Her left knee was unremarkable in examination. She had tenderness to palpation of the medial and lateral patellar facet and medial joint lines and bilateral quad weakness. A report dated January 21, 2015 shows no significant objective change since therapy was provided. On February 9, 2015, Utilization Review non-certified a request for physical therapy to the bilateral knees #12, noting that there is no documentation to support the benefit from previous physical therapy in terms of decreased medication or functional improvement. The Official Disability Guidelines were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of physical therapy to the bilateral knees #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the bilateral knees QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions have been provided making it impossible to determine if the request exceeds the amount of PT recommended by the CA MTUS. In light of the above issues, the currently requested additional physical therapy is not medically necessary.