MAXIMUS Federal Services

Case Number:	CM15-0211792		
Date Assigned:	10/30/2015	Date of Injury:	05/06/2015
Decision Date:	12/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/28/2015

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

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 20 year old female, who sustained an industrial injury on 5-6-2015. The injured worker was being treated for pain in joint lower leg. The injured worker (5-9-2015 and 7-21-2015) reported left knee pain. The physical exam (5-9-2015 and 7-21-2015) revealed left knee tenderness with decreased range of motion. The injured worker (8-4-2015 and 8-7-2015) reported worsening of left knee pain. The physical exam (8-4-2015 and 8-7-2015) revealed the knee was still tender to touch. The injured worker (8-27-2015) reported ongoing left knee pain with mild swelling. The physical exam (8-27-2015) revealed no effusion or swelling, range of motion of 0-100 degrees, a positive patellar grind test, and tender medial synovium of the left knee. The MRI of the left knee (dated 7-8-2015) stated there was no acute osseous abnormalities and no evidence of internal derangement. Per the treating physician (8-27-2015 report), x-rays of the left knee (undated) show no significant osseous abnormalities. The treating physician noted a Wiberg 2 patella with a very minimal medial facet. Treatment has included at least 10 sessions of physical therapy work modifications, a knee immobilizer, and non-steroidal anti-inflammatory medication. Per the treating physician (8-27-2015 report), the injured worker is currently working. The requested treatments included 12 sessions (2x6 weeks) of core based rehab program for the left knee. On 9-23-2015, the original utilization review modified/ non-certified a request for Core-based Rehab Program 2 x 6 weeks - left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Core based rehab program 2x6 weeks for the 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 Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient was injured on 05/06/15 and presents with pain in the left knee. The request is for core based rehab program 2x6 weeks for the left knee. The RFA is dated 09/16/15 and the patient is currently working. The patient has had at least 10 sessions of prior physical therapy. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with pain in joint lower leg. The patient has had at least 10 sessions of physical therapy from 07/24/15 to 08/19/15. Review of the reports provided does not indicate if the patient had any recent surgery and there is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. There is no indication of how these sessions specifically impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of therapy in addition to the 10 the patient has already had exceeds what is allowed by MTUS guidelines. The request IS NOT medically necessary.