

Case Number:	CM15-0213721		
Date Assigned:	11/03/2015	Date of Injury:	11/09/2006
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

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 52 year old male, who sustained an industrial injury on 11-9-06. The injured worker was being treated for pain in joint of lower leg and current tear of cartilage or meniscus of knee. On 9-23-15, the injured worker complains of right knee pain rated 6 out of 10; 7-8 out of 10 without medications and 5 out of 10 with medications. Physical exam performed on 9-23-15 revealed bilateral knee range of motion, tenderness to palpation over medial joint line of bilateral knees and decreased sensation to light touch over anterior thigh and medial thigh on right side. Treatment to date has included right knee surgery (11-12-12), acupuncture, topical LidoPro ointment, oral medications including Cyclobenzaprine, Aleve, Tylenol and Omeprazole. The treatment plan included refills of Tylenol, Aleve and LidoPro ointment, additional acupuncture sessions and request for 8 physical therapy sessions to right knee. There is no documentation regarding previous physical therapy or benefit from treatment. On 10-9-15 request for 8 additional physical therapy sessions to right knee was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 8 sessions right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in November 2006 when, while working [REDACTED], he twisted his right knee. He had underwent surgery for a meniscal tear in November 2012. He had 24 postoperative physical therapy sessions. Recent treatments include six acupuncture sessions. When seen by the requesting provider he had right knee pain rated at 6/10. Medications and acupuncture were helping. Physical examination findings included an antalgic gait without use of an assistive device. There was decreased knee range of motion limited by pain and medial joint line and has answering bursa tenderness bilaterally. There was decreased lower extremity strength with decreased sensation. Medications were continued. Authorization was requested for additional acupuncture treatments and for eight sessions of physical therapy. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.