

Case Number:	CM15-0214048		
Date Assigned:	11/03/2015	Date of Injury:	11/18/1996
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
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 69 year old female who sustained an industrial injury on 11-18-1996. According to a progress report dated 08-17-2015, the injured worker's right knee was a "bit improved". She was taking Celebrex twice a day. She reported that the knee was gradually improving without any increase in swelling. She did not have physical therapy at this point. Incisions were well healed. Gait was not particularly antalgic. There was no significant lurch or limp. There was no significant effusion or synovitis of the right knee. The popliteal cyst was no longer palpable. She had full, unrestricted range of motion and mild medial compartment crepitus. Impression was noted as stable degenerative disease of the right knee with no obvious need for urgent re-intervention. The provider recommended a follow up in 3 months, after 6 months have expired from her last Synvisc injection. "She could be a candidate for repeat injection", the provider noted. Physical therapy was also recommended. An authorization request dated 10-07-2015 was submitted for review. The requested services included physical therapy 3 times a week for 4 weeks. Synvisc injection right knee and Celebrex 200 mg #180. On 10-14- 2015, Utilization Review non-certified the request for physical therapy right knee 3 x 4 and Celebrex 200mg twice a day #180. The request for Synvisc injection for the right knee was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy right knee 3x4: 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 has a remote history of a work injury in November 1996 when she slipped and fell and is being treated for chronic knee pain due to degenerative joint disease. She underwent a left total knee replacement in December 2011 and had a manipulation under anesthesia in May 2014. Orthovisc injection has been done for the right knee. In May 2015, she was evaluated for physical therapy for her right knee. As of 06/30/25, she had completed 11 of 12 planned treatments. When seen, medications included Celebrex. Her knee was gradually improving without increased swelling. Physical examination findings included mild medial compartment crepitus of the right knee. Physical therapy was requested. Celebrex was continued at 200 mg BID. The claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. 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.

Celebrex 200mg BID #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury in November 1996 when she slipped and fell and is being treated for chronic knee pain due to degenerative joint disease. She underwent a left total knee replacement in December 2011 and had a manipulation under anesthesia in May 2014. Orthovisc injection has been done for the right knee. In May 2015, she was evaluated for physical therapy for her right knee. As of 06/30/25, she had completed 11 of 12 planned treatments. When seen, medications included Celebrex. Her knee was gradually improving without increased swelling. Physical examination findings included mild medial compartment crepitus of the right knee. Physical therapy was requested. Celebrex was continued at 200 mg BID. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, the claimant is over age 65 and guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). She has persistent pain due to arthritis of her knee. Although

the usual maximum dose is 200 mg per day, dosing up to 400 mg can be considered. The dose prescribed is consistent with that recommended. The request was medically necessary.