

Case Number:	CM15-0218982		
Date Assigned:	11/10/2015	Date of Injury:	05/21/2012
Decision Date:	12/30/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/06/2015

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: Texas, California

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 61 year old female who sustained an industrial injury on 05-21-2012. A review of the medical records indicated that the injured worker is undergoing treatment for left knee arthrofibrosis and lumbar spine degenerative disc disease. The injured worker is status post open reduction internal fixation of left patellar fracture (no date documented) and left knee arthroscopy, removal of hardware and lysis of adhesions in 11-2014. According to the treating physician's progress report on 09-22-2015, the injured worker continues to experience left knee pain and weakness with some improvement in pain since previous visit. The injured worker had an antalgic gait and ambulates with a cane. The left knee examination demonstrated full extension and flexion at 125 degrees. There was positive atrophy and motor strength weakness of the left quadriceps. According to the progress report dated 07-15-2015, there was no significant change in pain levels status post the facet medial branch block administered on 06-29-2015. The lumbar spine examination on 07-15-2015 demonstrated no specific tenderness to palpation of the lumbosacral junction or sacroiliac joints with negative facet stress maneuvers. Official reports included in the medical review were a lumbar spine magnetic resonance imaging (MRI) performed on 07-07-2015 and an ultrasound of the bilateral buttock area performed on 07-27- 2015. X-rays of the left knee were performed on 09-22-2015 and interpreted in the report dated 09-22-2015. Prior treatments have included diagnostic testing, surgery, physical therapy (approximately 37 completed for the left knee), home health assistance, lumbar epidural steroid injection, medial nerve block, cognitive behavioral therapy (CBT) and biofeedback, knee brace, cane and medications. Current medications were listed as Norco, Nabumetone, Glucosamine and

stool softeners. Treatment plan consists of continuing knee massage and home stretching; wear walking devices and the current request for twelve (12) sessions of physical therapy three times a week for four weeks for the left knee and the lumbar spine. On 10-17-2015, the Utilization Review determined the request for twelve (12) sessions of physical therapy three times a week for four weeks for the left knee and the lumbar spine was not medically necessary. The patient sustained the injury due to a slip and fall incident. The patient has had MRI of the lumbar spine on 7/7/15 that revealed disc protrusions, foraminal and spinal canal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of physical therapy three times a week for four weeks for the left knee and the lumbar spine: 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: Twelve (12) sessions of physical therapy three times a week for four weeks for the left knee and the lumbar spine. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The cited guidelines recommend 9-10 PT visits for chronic pain. The patient has received 37 PT visits for this injury. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Twelve (12) sessions of physical therapy three times a week for four weeks for the left knee and the lumbar spine is not fully established for this patient. Therefore, Twelve (12) sessions of physical therapy three times a week for four weeks for the left knee and the lumbar spine is not medically necessary.