

Case Number:	CM15-0222190		
Date Assigned:	11/17/2015	Date of Injury:	08/10/2015
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 67-year-old female who sustained an industrial injury 08-10-15. A review of the medical records reveals the injured worker is undergoing treatment for lumbar spine musculoligamentous injury with discopathy, lumbar spine sprain and strain, bilateral knee internal derangement, medial-lateral meniscopathy, right knee patellar tendinitis, and right foot inversion sprain. Medical records (10-13-15) reveal the injured worker complains of low back, bilateral knee, and knee pain and weakness, as well as bilateral foot pain. The physical exam (10-13-15) reveals paraspinal muscle tenderness and spasm, facet tenderness, gluteal-sciatic notch tenderness, patellar facet tenderness, and bilateral medial and lateral joint line tenderness. Prior treatment includes nabumetone. The treating provider reports the plan of care as diclofenac, orphenadrine, omeprazole, physical therapy, and chiropractic care. The original utilization review (10-13-15) non-certified the request for 12 sessions of physical therapy to the bilateral knees and right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week times 6 weeks for the bilateral knees, and right foot:
 Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Ankle and Foot Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Therapy.

Decision rationale: Per MTUS CPMTG, physical medicine guidelines 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 ODG Preface specifies Physical Therapy Guidelines, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Per the ODG guidelines: Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks. Post-surgical (Meniscectomy): 12 visits over 12 weeks. Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks. Post-surgical (ACL repair): 24 visits over 16 weeks. Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks. Post-surgical: 12 visits over 12 weeks. Articular cartilage disorder - chondral defects (ICD9 718.0). Medical treatment: 9 visits over 8 weeks. Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks. Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks. While it is noted per the medical records that the injured worker has not previously been treated with therapy, per the guidelines, patients should be formally assessed after a "six-visit clinical trial" to determine whether continuing with physical therapy is appropriate. The request for 12 visits is not appropriate. The request is not medically necessary.