

Case Number:	CM15-0037762		
Date Assigned:	03/06/2015	Date of Injury:	05/24/1999
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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 74-year-old female, who sustained an industrial injury on 05/24/1999. The diagnoses have included osteoarthritis and patellofemoral pain. Noted treatments to date have included medications. Diagnostics to date have included bilateral knee x-rays and bilateral tibia x-rays which showed no increased of osteoarthritis per progress note. In the same progress note dated 01/19/2015, the injured worker presented with complaints of discomfort in bilateral knees. The treating physician reported requesting authorization for physical therapy program of 3 times a week for 4 weeks to improve soft tissue mobilization to improve range of motion and strengthening and stabilization to improve muscle function and balance to the bilateral knees. Utilization Review determination on 01/30/2015 non-certified the request for Physical Therapy 3x4 Bilateral Knees citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 44, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain and weakness in her knees bilaterally. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE BILATERAL KNEES. X-ray of the bilateral knees shows no increase of osteoarthritis. The utilization review letter on 02/02/15, "the patient has had adequate physical therapy (PT) for this chronic condition. There were no significant subjective benefits noted from PT. Likewise, no objective improvement from PT was documented". Work status is unknown. For non-post-operative therapy treatments MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater requested for PT in order to improve soft tissue mobilization and to improve ROM; strengthening and dynamic stabilization to improve muscle function and balance to the bilateral knees. Prior treatment appears to have failed. The treater does not explain why the patient is unable to transition in to a home program. The current request for 12 combined with some already received would exceed what is recommended per MTUS guidelines. Therefore, the request of 12 session of therapy IS NOT medically necessary.