

Case Number:	CM15-0040037		
Date Assigned:	03/10/2015	Date of Injury:	07/05/2006
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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 61 year old female who sustained an industrial injury on 7/5/06 resulting in bilateral knee injury. She currently complains of left knee pain and low back pain due to limping. Medications include hydrocodone and anti-inflammatory (per progress note 12/27/14). She has sleep disturbances due to pain. Her activities of daily living are limited. Diagnoses include status post right total knee arthroplasty (7/12); left knee degenerative joint disease; osteochondral loose body; low back pain-compensable consequence of antalgic gait right knee, lumbosacral radiculopathy. Treatments to date include anti-inflammatory medications, physical therapy, and bracing. Diagnostics include x-rays of bilateral knees (10/27/14) showing left bone-on-bone contact in the medial compartment with evidence of tri-compartmental disease on the right; MRI (no date) revealing meniscus tear and degenerative joint disease; MRI lumbar spine (8/22/14) abnormal. There was no mention of physical therapy request in the progress notes available. In the progress note dated 10/27/14 the treating physician indicates that physical therapy was tried but the left knee continues to be painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 3 times weekly for 3 weeks, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee & Leg chapter; Physical Medicine guidelines.

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

Decision rationale: The patient presents with complains of left knee pain and low back pain due to limping. The request is for PHYSICAL THERAPY, 3 TIMES WEEKLY FOR 3 WEEKS, RIGHT KNEE. The RFA is not provided. Reports do not reflect whether or not the patient is working. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended. Based on the limited records provided, the patient has complaints of left knee and low back pain. However, the physician has requested physical therapy for the right knee. There are no subjective or objective findings for the right knee in the available records. There is no rationale provided for therapy for the apparently asymptomatic right knee. MTUS does have support for a brief course of therapy for various myalgias or neuralgias, but in this case, there is no reported pain, myalgia or neuralgias in the right knee. There is no weakness, or loss of motion or functional deficits reported that would require therapy. The request for physical therapy for the right knee is not in accordance with MTUS guidelines. The request for Physical Therapy, 3 times weekly for 3 weeks, right knee IS NOT medically necessary.