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| Case Number: | CM15-0040265 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 10/08/2008 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 01/29/2015 |
| 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 55 year old male, who sustained an industrial injury on 10/08/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic sprain/strain, lumbosacral disc injury, bilateral sacral one lumbosacral radiculopathy, right thumb internal derangement, right thumb triangular fibrocartilage complex (TFCC) tear, status post repair of the right thumb, osteoarthritis of the lower leg, and status post right knee surgery. Treatment to date has included Synvisc injections, acupuncture, use of a knee brace, medication regimen, magnetic resonance imaging to the right wrist, use of a transcutaneous electrical nerve stimulation unit, home exercise program, above listed procedures, and occupational therapy. In a progress note dated 01/15/2015 the treating physician reports complaints of right knee pain that has worsened with the treating physician noting a trace effusion, continued swelling, and diffuse tenderness throughout the knee. The documentation on 01/15/2015 did note that physical therapy was denied, however the medical records provided did not contain a request for initial post-injection physical therapy two times a week for the left knee with a quantity of eight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial post-injection physical therapy 2 times weekly for the left knee QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, initial post-injection physical therapy two times per week to the left knee (#8 sessions) is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is osteoarthritis localized primary lower leg. A progress note dated December 23, 2014 shows the injured worker received a Synvisc injection to the knee. The procedure was tolerated well no complications. There is no discussion in the medical record of anticipated physical therapy. Progress note dated January 23, 2015 indicates Synvisc and physical therapy were denied. There was no request for physical therapy in the December 23, 2014 note. There was no request for physical therapy in the documentation to follow the initial post-injection Synvisc for the affected knee. A progress note dated February 9, 2015 shows the injured worker presented for evaluation of left shoulder. There were no subjective or objective findings referencing the knee. The utilization review physician requested several documents including the procedure from the last Synvisc injection, most recent physical therapy note, diagnostic reports for the right knee, procedure notes from past injections, operative notes for the right knee, and prescriptions with dosage quantity for Norco. There was no response to the request documented in the medical record. Additionally, the guidelines recommend a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The treating physician requested eight sessions in excess of the recommended guidelines. Consequently, absent compelling clinical documentation pursuant to guideline recommendations with a six visit clinical trial, initial post-injection physical therapy two times per week to the left knee (#8 sessions) is not medically necessary.