

Case Number:	CM15-0043996		
Date Assigned:	03/13/2015	Date of Injury:	05/09/2013
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/09/2015

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, 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 57 year old male, who sustained an industrial injury on May 9, 2013. He reported injuries to his upper, mid and lower back, left leg and bilateral knees when he fell four to five feet onto a platform. The injured worker was diagnosed as having bilateral knee sprains, right knee arthroscopic surgery, posttraumatic arthritis of the patellofemoral joints, and left knee osteoarthritis, lumbago, lumbar facet dysfunction, degenerative joint disease, meniscal tear and laxity of the left knee, and chronic pain syndrome. Treatment to date has included Orthovisc injections, cortisone injection and Synovisc injection of the right knee, medications, physical therapy and imaging of the lumbar spine. Documentation reveals that the injured worker does not feel his physical therapy helped with his right knee. An MRI of the right knee on April 21, 2014 reveals grade 1 signal at the posterior horn of the medial meniscus associated with hyaline degeneration, no frank tear, moderate thinning, chondral fissuring of the medial femoral condyle articular cartilage and mild thinning of the trochlear articular cartilage. MRI of the lumbar spine from June 6, 2014 reveals no acute osseous abnormality, congenital narrowing of the central canal and mild facet degenerative changes at multiple levels without significant central canal or neural foraminal stenosis. Currently, the injured worker complains of pain to the bilateral knees and the low back. He reports pain in his right knee despite Orthovisc injections and that his low back pain is unchanged. On examination, the injured worker has a positive facet-loading test bilaterally and has decreased sensation to light touch over the right foot. On strength testing, he has weakness with right knee extension and tenderness to palpation over the lumbar paraspinal muscles and bilateral knees with positive crepitus. A Supplemental Report dated February 10,

2015 states that the patient is nearing the end of his physical therapy sessions. The note states that they have been "beneficial to him." Therefore, additional therapy is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x 6 QTY: 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear exactly how many therapy sessions the patient has previously had for this injury, making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for his diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.