MAXIMUS Federal Services

Case Number:	CM15-0238646		
Date Assigned:	12/15/2015	Date of Injury:	10/10/2006
Decision Date:	01/21/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/07/2015

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 43 year old female, who sustained an industrial injury on 10-10-06. The documentation on 11-5-15 noted that the injured worker rates her pain with medications as 5 on a scale of 1 to 10 and without medications as 7 on a scale of 1 to 10. Bilateral knee crepitus and bilateral hallux scar and limited range of motion. There is no lymphedema noted in lower and upper extremity. The diagnoses have included pain in unspecified knee and pain in unspecified ankle and joints of unspecified foot. Treatment to date has included epidural steroid injection ; transcutaneous electrical nerve stimulation unit; left knee arthroscopic surgery and chondroplasty on 7-31-09; right and left shoulder surgery in 2008 and the other one was performed in 2009; left knee surgery in 2011; cervical fluoroscopy in 2011, 2012 and 2014 and lumbar surgery in 2013. Current medications were listed as norco; cymbalta; ibuprofen; lyrica; naprosyn; amlodipine besylate and valium. The original utilization review (12-2-15) non-certified the request for physical therapy 2x3 bilateral knee-Foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x3 Bilateral Knee/Foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 11/5/15 progress report provided by the treating physician, this patient presents with chronic pain in bilateral knees/feet. The treater has asked for physical therapy 2x3 bilateral knee/foot on 11/5/15. The patient's diagnoses per request for authorization dated 11/14/15 are pain in unspecified knee, pain in unspecified ankle and joints of unspecified foot. The patient is s/p more than 60 sessions of physical therapy from 2006-2010 with mild pain relief per 11/5/15 report. The patient is s/p right knee surgery for meniscal tear and hallux removal from 2007, s/p repair surgery for right knee from 2009, s/p left knee meniscectomy from 2009 per 10/8/15 report. The patient has an antalgic gait but does not use assistive devices per 11/5/15 report. The patient is s/p TENS unit usage with mild pain relief, 2 epidural steroid injection in 2014 with mild pain relief per 10/8/15 report. The patient has not yet had any surgical interventions for the ankle per review of reports. The patient is permanent and stationary as of 11/5/15 report. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "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 are recommended." Per 11/5/15 report, the treater states: "Prescription given for outside physical therapy. For continued stretching, strengthening, modalities as indicated. The patient has had 10 visits of physical therapy to date. The patient has had improvement in capability for walking with less pain and improved strength at the lower extremities." The treater does not indicate the benefit received from prior 10 sessions of physical therapy. The patient is diagnosed with pain in unspecified knee, pain in unspecified ankle and joints of unspecified foot. The patient presents with ongoing pain in bilateral knees and feet, and physical exam on 11/5/15 showed bilateral knee scars and crepitus, bilateral hallux scar and limited ROM. Neurologic exam was normal, and no physical exam findings regarding the bilateral ankles. There is no evidence of recent surgical interventions of the knees/ankles. MTUS only allows for 8-10 sessions in non-operative cases. In addition to the recent 10 sessions of physical therapy, the current request for 6 additional sessions exceeds guideline recommendations. Hence, the request is not medically necessary.