

Case Number:	CM13-0045113		
Date Assigned:	12/27/2013	Date of Injury:	10/04/2010
Decision Date:	05/16/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67-year-old female who was injured in a work related accident on 10/04/10. The most recent clinical assessment for review was a 10/25/13 progress report that chief complaints of left shoulder, low back, and bilateral knee pain. Specific to the claimant's right knee, there was documentation of underlying osteoarthritis with no evidence of instability. Physical examination findings showed meniscal testing to be deferred. There was 10 to 80 degrees of range of motion with medial joint line tenderness. Plain film radiographs showed degenerative spurring to the patella and joint space narrowing medially. Given a diagnosis of degenerative joint disease, twelve sessions of acute physical therapy were recommended for further treatment. Viscosupplementation injections were also ordered as well as continued use of anti-inflammatory agents.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES PER WEEK FOR 4 WEEKS (3 X 4) FOR TREATMENT OF THE RIGHT KNEE: Upheld

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

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

Decision rationale: Based on California MTUS chronic pain guidelines, twelve additional sessions of outpatient physical therapy would not be indicated. The role of physical therapy in the chronic setting is for acute symptomatic flare and for a diagnosis of myalgias or myositis, self-directed treatments of therapy for up to nine to ten visits over an eight week period of time would be appropriate. This claimant is noted to be three and one half years post injury with specific requests for twelve sessions of physical therapy which would exceed guideline criteria in the chronic setting. This specific request for twelve sessions of physical therapy for a diagnosis of degenerative joint disease of the right knee at this stage in the clinical course would not be indicated.