

Case Number:	CM14-0145533		
Date Assigned:	09/12/2014	Date of Injury:	09/25/2013
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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:

The injured worker is a 47-year-old female who reported an injury on 09/25/2013. The mechanism of injury occurred due to instability. The injured worker's diagnoses included left knee sprain/strain, right sprain/strain, and left ankle sprain/strain with left plantar fasciitis and metatarsalgia. The injured worker's past treatments included medications, a cane, home exercise therapy, injections, and 24 physical therapy sessions as of 08/15/2014. Her diagnostic exams consisted of an MRI of the left knee on 10/20/2013, an x-ray of the lumbar spine, and an x-ray of the left ankle and foot on an unspecified date. The injured worker's surgical history was not clearly indicated in the clinical notes. On the clinical note with an unspecified date, the injured worker complained of lumbar spine pain rated as 3/10 to 4/10, bilateral knee pain rated 4-5/10, left knee pain, and left ankle pain that was 4/10 to 5/10. The injured worker complained that her bilateral knees had a clicking and popping sensation along with weakness. She denied any radicular symptoms to her bilateral lower extremities, but did mention a decrease in her ability to perform activities of daily living. The physical exam findings revealed no change since the last clinical visit. On 06/25/2014, the injured worker had a computerized range of motion and muscle test performed. The exam revealed that the injured worker had decreased range of motion in her bilateral knees. The range of motion values for the left knee were 123 degrees of flexion and -6 degrees of extension. The range of motion to the right knee was 120 degrees of flexion and -5 degrees of extension. The injured worker's medications included Norco 5/325, naproxen 550 mg, and gabaketolido cream as needed. The treatment plan consisted of additional physical therapy twice a week for 3 weeks, acupuncture, and injections into the bilateral knees. A request was received for physical therapy twice a week for 3 weeks to the left knee. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization Form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2x weekly for 3 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Physical Medicine; Physical Medicine, Sprains and Strains of Knee and Leg

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

Decision rationale: The request for Physical therapy, 2x weekly for 3 weeks, left knee is not medically necessary. The California Guidelines recommend physical medicine for restoring flexibility, strength, endurance, function, range of motion, and alleviation of discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. For the indication of myalgia and myositis, unspecified, the guidelines recommend 9 visits to 10 visits over 8 weeks. The use of further physical therapy should be based on evidence that the injured worker is making functional measurable gains. Based on the clinical notes, the injured worker was diagnosed with left and right knee sprain/strain. These diagnoses would be indicative of myalgia and would be supported by the guidelines for physical therapy. However, the clinical notes indicated the injured worker previously participated in approximately 24 physical therapy sessions prior to the request for additional treatment. The physical therapy notes failed to indicate the efficacy and progress of these visits. Additionally, the physical therapy notes failed to indicate the injured worker's range of motion values prior to the start of treatment and the values after the course of therapy was finished. The clinical notes did identify that a range of motion test was completed on 06/25/2014, but this date suggests that the exam was performed during the course of treatment and not before. Due to lack of quantitative objective data that indicated the range of motion values of her prior therapy sessions and objective measurable data that indicated additional therapy was needed after her 24th therapy visit, the request is not supported. Therefore, the request for Physical therapy, 2x weekly for 3 weeks, left knee is not medically necessary.