

Case Number:	CM14-0191308		
Date Assigned:	11/25/2014	Date of Injury:	04/24/2006
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 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:

The injured worker is a 40 year old female with a date of injury as 04/24/2006. The current diagnoses include chondromalacia patella right, right knee sprain, left knee internal derangement, S/P disc replacement L5-S1 and posterior fusion and pedicle screw instrumentation L5-S1, L5 chronic radiculopathy, and cervical strain. Previous treatments include right knee injection, physical therapy (no progress notes included), oral pain management, uses a cane, caudal injection, status post L5-S1 posterior fusion 06/23/2012, status post discectomy 03/15/2009. Physician reports dated 03/11/2014 through 10/14/2014 were included in the documentation submitted. Report dated 10/14/2014 note that the injured worker presented with complaints of ongoing low back pain, worsening pain in bilateral lower extremities. She reported popping and locking and giving way of the right knee. Further complaints included numbness and tingling in bilateral lower extremities, predominately the left side, and pain and inflammation in the right upper extremity due to constant usage of a cane. Physical examination revealed inflammation in the right knee, decreased Range of Motion (ROM), tenderness over the medial joint line, pain with McMurray's maneuver, weakness in the quadriceps and hamstrings, and significant sub-patellar crepitus. The physician's treatment plan noted that the injured worker needed additional physical therapy given the fact that she is injured, demonstrates loss of ROM, and decreased strength. None of the documentation submitted evaluated the injured worker's previous physical therapy or described increased functional improvement. The amount of the previous prescribed physical therapy was not made known in the documents received, but the utilization reviewer documented that the injured worker had already received 50 visits of physical therapy to date. The injured worker is permanent and stationary. The utilization review performed on 10/28/2014 non-certified a prescription for physical therapy 6 visits for the right knee based on no documentation to support significant functional improvement from the previously prescribed

physical therapy. The reviewer referenced the California MTUS and the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy visits for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 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 pain

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksAccording to the ODG guidelines, 8-10 visits are recommended for knee pain.In this case, the claimant had already undergone physical therapy of unknown amount. There was no indication that exercises cannot be performed at home. The request is therefore not medically necessary.