MAXIMUS Federal Services

Case Number:	CM14-0213310		
Date Assigned:	01/02/2015	Date of Injury:	01/24/2011
Decision Date:	02/23/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabn

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 58-year-old male who reported an injury on 01/24/2011. The mechanism of injury was not specified. His diagnosis included pain in joint lower leg. Past treatments are noted to include TENS unit, medications and physical therapy. Diagnostic studies were noted to include an unofficial x-ray of the left knee, performed on 02/28/2013, which was noted to reveal plate lateral tibial plateau, healed IA bicondylar fx, minimal diffuse narrowing, but not significant malalignment. An unofficial MRI of the left knee, performed on 08/31/2012, was noted to reveal 8x5 mm full thickness chondral defect along the central weight bearing surface of the medial femoral condyle with additional chondral loss and deep chondral loss and fissures. Small joint effusion with small popliteal cyst. Nonspecific infrapatellar edema which can be associated with patellofemoral malalignment. His surgical history was noted to include left knee video arthroscopy, performed on 01/24/2014, and a left shoulder surgery, performed on 09/04/2014. The treatment note, dated 08/01/2014, indicated the injured worker complained of difficulty climbing stairs and hills and stated that he believed therapy is not helping with the pain and would like other options to manage it. It was noted that this was injured worker visit #16. Physical examination of the left knee revealed active range of motion for knee extension at -2 degrees with pain only at the end range of active knee extension, knee flexion to 122 degrees with pain during mid ranges of active knee flexion. Passive range of motion for the left knee was the extension to 0 degrees of extension with no impairment and no pain with end range passive motion, knee flexion to 125 degrees with moderate impairment and pain with the onset of end range motion. Strength was noted at 4/5 for knee extension and knee flexion. It was

noted that the injured worker reported difficulty walking longer than 30 minutes and difficulty with descending stairs. The injured worker's pain was reported at 1/10 to 2/10 at best and 4/10 to 5/10 at its worst. It was noted that physical examination remained the same as compared to previous visit, dated 07/22/2014. Current medications were noted to include Naproxen; dosage and frequency not specified. The treatment plan included continuation of physical therapy. There was no clear rationale as to the medical necessity of the request, and the Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 PT sessions 2x4 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC, Knee & Leg

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

Decision rationale: The request for additional 8 physical therapy sessions 2x4 for the left knee is not medically necessary. The California MTUS Guidelines recommend up to 10 visits of physical therapy for patients with unspecified myalgia or radiculitis to facilitate functional improvement and instruction in a home exercise program. Documentation, dated 08/01/2014, indicated that the injured worker had completed 16 physical therapy visits as of that date. Documentation noted that the injured worker still experienced moderate difficulty with ascending and descending stairs; however, it was also noted that he had mild impairment with range of motion and a pain level rated 1/10 to 2/10 at best and 4/10 to 5/10 at worst. It was also noted that the injured worker stated he does not believe therapy is helping with the pain and would like to try other options to manage pain. Additionally, as it was indicated that the injured worker completed 16 physical therapy visits as of 08/01/2014, the request as submitted for 8 physical therapy sessions for the left knee exceeds guideline recommendation for up to 10 visits. As such, the request is not supported. Therefore, the request for additional 8 physical therapy sessions 2x4 for the left knee is not medically necessary.