MAXIMUS Federal Services

Case Number:	CM15-0009224		
Date Assigned:	01/27/2015	Date of Injury:	09/03/2014
Decision Date:	03/19/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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 32 year old male, who sustained an industrial injury on September 3, 2014. The diagnoses have included sprain/strain of knee and leg and knee pain. Treatment to date has included oral Non-steroidal anti-inflammatory drug, topical analgesic, and physical therapy. Currently, the injured worker complains of bilateral knee pain right worse than left. On January 8, 2015 Utilization Review non-certified a six additional physical therapy sessions for bilateral knees, noting, Medical Treatment Utilization Schedule Guidelines was cited.On January 6, 2015, the injured worker submitted an application for IMR for review of six additional physical therapy sessions for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional physical therapy (PT) sessions for bilateral knees: Upheld

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

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

Decision rationale: The patient presents with sharp pain in bilateral legs with right leg pain rated at 5/10 and left leg pain rated at 3/10, as per physical therapy progress report dated 12/19/14. The request is for 6 ADDITIONAL PHYSICAL THERAPY (PT) SESSIONS FOR BILATERAL KNEES. There is no RFA for this case, and the patient's date of injury is 09/03/14. The patient's diagnoses include contusion of bilateral knees and bilateral knee pain, as per PT progress report dated 12/19/14. In PT progress report dated 12/18/14, the patient's hip pain is rated 5/10. The patient is taking ibuprofen for pain relief, as per report dated 12/19/14, and uses knee braces, as per report dated 12/18/14. The patient has been allowed to return to modified work, as per progress report dated 12/05/14.MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the patient suffers from bilateral leg and knee pain. The patient has completed at least 8 sessions of physical therapy, as per report dated 12/19/14, and he reports "feeling a little better and pain is lower." The pain has reduced from 9/10 to 5/10, as per the same report. However, the treater does not document a measurable increase in function due to prior therapy. Additionally, MTUS only allows for 8-10 sessions in non-operative cases and the treater's request of 6 additional sessions exceeds that recommendation. Hence, the request IS NOT medically necessary.