

Case Number:	CM15-0014565		
Date Assigned:	02/02/2015	Date of Injury:	05/03/2007
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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, Arizona
 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 45-year-old female who reported an injury on 05/03/2007. The mechanism of injury involved a fall. The current diagnoses include bilateral knee degenerative joint disease, bilateral patellofemoral syndrome, left knee ACL tear, and bilateral hip labrum tear. The injured worker presented on 11/18/2014 with complaints of bilateral hip and knee pain. The current medication regimen includes naproxen 550 mg, Norco 10/325 mg, and Flexeril 7.5 mg. Upon examination, there was 0 degrees to 120 degrees range of motion of the right knee, tenderness over the medial patellar facet, positive apprehension test, positive patellar grind test, 5/5 motor strength, 0 degrees to 130 degrees range of motion of the left knee, and 2+ pulses. Recommendations at that time included an MRI of the bilateral hips and physical therapy twice per week for 6 weeks for the bilateral knees. A Request for Authorization form was submitted on 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The Official Disability Guidelines state physical medicine treatment for arthritis includes 9 visits over weeks. The current request for 12 sessions of physical therapy for the bilateral knees exceeds guideline recommendations. Therefore, the request is not medically appropriate at this time.