

Case Number:	CM15-0110667		
Date Assigned:	06/17/2015	Date of Injury:	09/26/2010
Decision Date:	07/16/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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, Pain Management

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 61-year-old female, who sustained an industrial injury on 09/26/2010. She reported a twisting injury to the left knee while mopping. The injured worker was diagnosed as having bilateral knee osteoarthritis and status post total knee arthroplasty. Treatment and diagnostic studies to date has included use of a continuous passive motion unit, medication regimen, x-rays of unknown date, laboratory studies, injections, bracing, physical therapy of an unknown quantity, use of braces, status post arthroscopic surgery, and above noted procedure. In a progress note dated 05/21/2015 the treating physician reports complaints of pain to the bilateral knees. Examination reveals left medial joint line tenderness and mild swelling. The injured worker's pain level is rated 6 on a scale of 1 to 10. The treating physician noted x-rays of an unknown date of the bilateral knees and bilateral tibia that was remarkable for no increase of osteoarthritis. The treating physician noted that current physical therapy is assisting the injured worker to regain motion allowing her to extend and flex the knee, but the documentation did not indicate any specific functional improvement or the quantity of previous sessions of physical therapy performed. The treating physician requested physical therapy three times four for the left knee to improve function and joint mobilization of the left knee noting that the injured worker has had good results from prior therapy, but remains symptomatic. The treating physician also requested an interferential unit and supplies for a 60-day rental and purchase for the left knee, but the documentation did not indicate the specific reason for the requested equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 & Leg Chapter, and Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions; exact number of sessions is unclear. However, there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

IF unit and supplies 60-day rental and purchase for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 18-120.

Decision rationale: Regarding the request for interferential unit, the Chronic Pain Medical Treatment Guidelines state that interferential current stimulation is not recommended as an isolated intervention. There is further stipulation that despite poor evidence to support use of this modality, patient selection criteria if interferential stimulation is to be used anyways include: pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment. If those criteria are met, then in one month trial may be appropriate to study the effects and benefits. With identification of objective functional improvement, additional interferential unit use may be supported. Within the documentation available for review, there is no indication that the patient has met the selection criteria for interferential stimulation (pain is ineffectively controlled due to diminished effectiveness of medication, side effects or history of substance abuse, significant pain from postoperative conditions limits the ability to perform exercises, or unresponsive to conservative treatment.). In light of the above issues, the currently requested interferential unit is not medically necessary.

