MAXIMUS Federal Services

Case Number:	CM15-0114549		
Date Assigned:	06/22/2015	Date of Injury:	03/07/2005
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Massachusetts
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 64 year old male, who sustained an industrial injury on 3/7/05. He reported injury to his right ankle and bilateral knees after being struck by a lawn mower that was operated by another co-worker. The injured worker was diagnosed as having bilateral knee degenerative joint disease, left trochanteric bursitis and left IT band syndrome. Treatment to date has included ankle surgeries x 2 (the last one on 3/31/14), acupuncture, bilateral knees steroid injections and physical therapy. As of the PR2 dated 4/10/15, the injured worker reports continued pain in the knees. He rates his right knee pain an 8/10 and left knee pain a 7/10. The injured worker reported 25% pain relief and increased range of motion after completing 6 sessions of physical therapy. Objective findings include decreased range of motion in both knees and an antalgic gait. The treating physician requested an additional physical therapy 2 x weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (web: updated 5/15/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in March 2005 and continues to be treated for bilateral knee pain. When seen, he had completed six sessions of physical therapy with improvement. Physical examination findings included knee joint line and iliotibial band tenderness. There was left greater trochanteric and sacroiliac joint tenderness. There was pain with knee ligament stressing and right peripatellar swelling. Authorization for an additional 12 therapy sessions was requested. In this case, the claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and could promote dependence on therapy provided treatments. The additional physical therapy is in excess of what would be expected to finalize the claimant's home exercise program. The request is not medically necessary.