

Case Number:	CM15-0122896		
Date Assigned:	07/07/2015	Date of Injury:	10/10/2006
Decision Date:	08/06/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/25/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on 10/10/2006. Diagnoses include joint pain pelvis, joint pain left leg, pain in joint involving ankle and foot, osteoarthritis, depression and asthma. Treatment to date has included diagnostics, surgical intervention (bilateral knee arthroscopies x 2, undated) and conservative measures including Synvisc injections, cortisone injections, physical therapy, ice application, bracing, medications and a transcutaneous electrical nerve stimulation (TENS) unit. Per the Primary Treating Physician's Progress Report dated 6/05/2015, the injured worker reported right greater than left knee pain. She has pain over the medial and anterior aspect of the right knee described as a popping sensation. The pain has gotten better in the past with Synvisc injections. The pain in the left knee is over the lateral aspect and extends proximally to the upper lateral left thigh. Physical examination of the bilateral knees revealed tenderness of the right knee over the lateral joint line. Her patella tracks slightly lateral bilaterally. Bilateral range of motion is 0-135 degrees with crepitus. The plan of care included medication, icing, bracing and physical therapy. Authorization was requested for physical therapy (2x6) for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x week x 6 weeks (12 sessions) bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 13-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

Decision rationale: The request is for 12 (2 x 6) sessions of physical therapy (PT) for bilateral knees for chronic knee pain. In this case, the medical records show multiple courses of physical therapy to the knees over the years with only temporary moderate relief of pain that is not quantified. The records do not demonstrate any objective functional improvement from PT to the knees. MTUS guidelines recommend up to 9 sessions of PT for ongoing chronic pain in the knees. There is no rationale provided for the request of 12 sessions of PT, which exceeds the guidelines. Therefore this request is deemed not medically necessary.