

Case Number:	CM15-0125303		
Date Assigned:	07/09/2015	Date of Injury:	09/16/2010
Decision Date:	08/05/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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 49 year old female, who sustained an industrial injury on September 16, 2010. The injured worker reported slipping falling injuring left knee and low back. The injured worker was diagnosed as having pain in joint and lower leg chondromalacia. Treatment to date has included x-rays, physical therapy, medication, magnetic resonance imaging (MRI), nerve conduction study, electromyogram left knee partial meniscectomy, chondroplasty and synovectomy and right knee arthroscopy. A supplemental report dated June 3, 2015 provides a note dated February 20, 2015 documents mild improvement with physical therapy but she continues with left knee and lumbar pain radiating down both legs. She declined corticosteroid injection of the right knee at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 x 4 for the bilateral knees: Upheld

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

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 September 2010 and continues to be treated for knee pain. She underwent a left knee partial meniscectomy in March 2013 and diagnostic right knee arthroscopy in September 2014. Treatments have included postoperative physical therapy and a series of Supartz injections. She had at least 11 physical therapy treatments after her most recent surgery. When seen, there was decreased range of motion and strength. Tramadol was prescribed. Authorization for eight sessions of physical therapy to include a home exercise program with isometric and progressive resistance exercise was requested. The claimant is more than 6 months status post surgery and the post-surgical treatment period has been exceeded. She is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits and could include the requested therapeutic content without need for specialized equipment and without a need for ongoing skilled physical therapy oversight. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.