

Case Number:	CM15-0149708		
Date Assigned:	08/12/2015	Date of Injury:	03/03/2000
Decision Date:	10/02/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/03/2015

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

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 67-year-old female who sustained a work related injury March 3, 2000. A report of an MRI of the left knee, performed January 21, 2015, is present in the medical record. According to sports neurology and pain management physician's progress report, dated June 29, 2015, the injured worker presented for follow-up with complaints of left knee pain. Physical examination is documented as; no acute distress or changes in examination; continued antalgic gait. The physician documents a new MRI revealed atrophy and physical therapy was recommended. Assessment is documented as other chronic pain; chronic pain syndrome; mononeuritis of unspecified site; osteoarthritis lower leg; pain in joint, lower leg. Diagnoses are left knee degenerative joint disease; medial meniscus tear. Treatment plan included to increase the injured workers ability to self- manage pain and related problems and provided medication. At issue, is a request for authorization for physical therapy, left knee two times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

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

Decision rationale: The patient presents with left knee pain. The request is for physical therapy left knee 2 times a week for 6 weeks. Per 06/29/15 progress report, patient's diagnosis include other acute pain, other chronic pain, primary loc osteoarthros lower leg, pain in joint lower leg. Patient's medications, per 01/09/15 progress report include Depakote, and Keppra. Patient's work status was not specified. The MTUS Chronic Pain Management Guidelines, pages 98 and 99, Physical Medicine section, has the following: "Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The treater has not specifically addressed this request; no RFA was provided either. In progress report dated 03/11/15, treater states that she is going to go to physical therapy, three times a week, transitioning into a low impact. It is not clear how many sessions of physical therapy the patient has completed to date. The patient continues with pain in the left knee and a short course of therapy would be indicated for her condition. However, the guidelines allow up to 10 session of physical therapy and the requested 12 sessions exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.