

Case Number:	CM15-0170297		
Date Assigned:	09/10/2015	Date of Injury:	05/20/2009
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/28/2015

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: 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 75-year-old male who sustained an industrial injury on 05-20-2009. Current diagnoses include left knee internal derangement-chronic, left knee degenerative joint disease, lumbar back pain-mechanical cumulative and right knee pain. Report dated 08-11-2015 noted that the injured worker presented with complaints that included ongoing subjective complaints of the left knee, right knee, and lower back. The injured worker has received 4 viscosupplementation injections, but only had short term relief. It was noted that the injured worker is hesitant about surgery and is requesting more physical therapy. Physical examination was positive for an antalgic gait, unstable with squatting due to bilateral knee and low back pain, varus and valgus stress testing elicited pain in the right and left knee, and moderate to severe left knee pain with range of motion. Previous diagnostic studies included a left knee MRI. Previous treatments included medications, injections, and physical therapy. The treatment plan included request for Celebrex, Cyclobenzaprine, Norco, physical therapy, advised to continue using a cane to prevent falls, and temporary total disability status has been extended. The submitted documentation did not include any physical therapy progress reports or the number of completed visits to date. Request for authorization dated 08-11-2015, included requests for Celebrex, Cyclobenzaprine, Vicodin, and physical therapy. The utilization review dated 08-18-2015, non-certified the request for physical therapy, 8 visits for the bilateral knees based on the California MTUS guidelines and clinical information, medical necessity was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, eight visits for the bilateral knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore, the request is not medically necessary.