MAXIMUS Federal Services

Case Number:	CM15-0170519		
Date Assigned:	09/11/2015	Date of Injury:	08/10/2005
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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 56 year old female, who sustained an industrial injury on August 10, 2005. She reported pain in the neck, left arm back, left leg pain and right knee. The injured worker was diagnosed as having right knee PF chondromalacia, status post right knee arthroscopy, debridement, chondroplasty, synovectomy and meniscectomy in 2006 and status post right knee arthroscopy, debridement, chondroplasty, synovectomy and meniscectomy in 2010. Treatment to date has included diagnostic studies, surgical interventions of the right knee, physical therapy, medications and activity restrictions. Her status was noted to be permanent and stationary. Currently, the injured worker continues to report right knee pain with a slight limp. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 17, 2015, revealed continued pain as noted. There was slight swelling noted on examination. Orthovisc injection was provided for the right knee and medications were refilled. The physical therapy visit 4 of 6 on July 29, 2014, revealed continued knee pain and low back pain. She rated her pain at 4 on a 1-10 scale with 10 being the worst. The physical therapy note on July 31, 2015, revealed continued pain in the low back and pelvic region. She rated her pain at 5 on a 1-10 scale with 10 being the worst. It was noted this was visit number 5 of 6. Evaluation on August 7, 2015, revealed continued pain with grinding noted. It was noted there was little benefit with Orthovisc injection. Orthovisc injection #3 was provided. There was no indication of continued lumbar pain on the PR-2. The RFA included a request for Physical therapy, quantity: 6 sessions and was non-certified on the utilization review (UR) on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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.