

Case Number:	CM15-0170722		
Date Assigned:	09/11/2015	Date of Injury:	09/29/1999
Decision Date:	10/21/2015	UR Denial Date:	08/21/2015
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: Texas, California

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:

This is a 66 year old female patient who sustained an industrial injury on 09-29-1999. The diagnoses include spinal-lumbar degenerative disc disease, knee pain, pain in joint lower leg, and low back pain. Per the doctor's note dated 7/8/15, she had complaints of left knee pain at 5/10 with medications and at 9/10 without medications. The physical examination revealed lumbar spine- tenderness, decreased range of motion, tenderness over the left SI joint, bilateral knee- tenderness, decreased range of motion and effusion, positive McMurray test on the right knee; Per the doctor's note dated 06-10-2015 she had pain at 6 (with medications) out of 10 on a visual analog scale (VAS). Physical examination revealed an antalgic gait, lumbar spine range of motion restricted by pain, paravertebral muscle tenderness, positive lumbar facet loading, Faber test positive, tenderness in the left sacroiliac joint, restricted right knee range of motion with tenderness and mild effusion, McMurray's is positive, restricted left knee range of motion with tenderness and mild effusion. The medications list includes cymbalta, lexapro, nuvigil, topiramate, carisoprodol, lidoderm patch, oxycodone and medrol dose pack. She has undergone cervical spine fusion on 5/14/1996, left knee arthroscopic surgery on 5/11/2000, left total knee replacement on 7/26/2004 and 3/15/2013, right knee surgery on 1/11/2006, left knee surgery on 12/19/2006, 9/20/2007, right total knee replacement on 5/29/2012 and revision left total knee replacement with mesh reconstruction on 3/25/2014. Previous treatments included medications, surgical intervention, physical therapy, injections, and home exercises. The treatment plan included requests for 12 sessions of physical therapy, refilled medications, continue other medications at current dose, trial of a Medrol dose pack, pending referral for a consultation,

patient to bring in MRI disk, and return to office in 4 weeks. The utilization review dated 08-21-2015, non-certified the request for physical therapy for 12 sessions for gait training regarding the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 12 sessions for gait training regarding the left 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: Physical therapy for 12 sessions for gait training regarding the left knee. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Patient has had unspecified number of physical therapy sessions for this injury. The requested additional visits in addition to the previously rendered physical therapy sessions are more than recommended by the cited criteria. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy for 12 sessions for gait training regarding the left knee is not established for this patient at this time. Therefore, the request is not medically necessary.