

Case Number:	CM15-0172109		
Date Assigned:	09/14/2015	Date of Injury:	10/28/2008
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/01/2015

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 61 year old female, who sustained an industrial injury on October 28, 2008, with injury to her low back and right lower extremity. A review of the medical records indicates that the injured worker is undergoing treatment for herniated nucleus pulposus (HNP) at L5-S1 with right sided radiculopathy and myoligamentous sprain-strain of the left knee with quad weakness and loss of full flexion, without internal derangement. On August 7, 2015, the injured worker reported pain, stiffness, and weakness of the left lower extremity. The Treating Physician's report dated August 7, 2015, noted the injured worker received a twisting injury to the left knee on May 30, 2015, with persistent pain, stiffness, and weakness since that time. The physical examination was noted to show examination of the right knee revealed that the injured worker stood with her weight primarily on the right lower extremity and the left leg was un-weighted, with difficulty in locking both knees. The injured worker was noted with quadriceps weakness in both lower extremities Flexion of the bilateral knees was noted to appear symmetrical, able to flex to only 100 degrees. No instability was noted in either knee, and no tenderness was noted in examining the knee joint areas of both knees. The treating physician indicates that a MRI of the left knee on March 5, 2015, was read as "unremarkable" and revealing no internal derangement or injuries involving the menisci or ligaments. The Physician requested formal physical therapy for three weeks, a home physical therapy program, and Tylenol #3. The injured worker was noted to have been on modified duty until May 30, 2015, not having worked since. The request for authorization dated August 7, 2015, requested physical therapy 3 times a week for 3 weeks to the left knee. The Utilization Review (UR) dated August

20, 2015, denied the request for physical therapy 3 times a week for 3 weeks to the left knee as not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 3 weeks to the left knee: Upheld

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

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 October 2008 with injury to the low back and right knee. When seen, she had twisted her left knee more than one year before. She was having pain and swelling. Physical examination findings included an antalgic gait with decreased range of motion. There was quadriceps weakness. She was diagnosed with a sprain/strain and nine sessions of physical therapy were requested. An MRI of the left knee in March 2015 was unremarkable. The claimant is being treated for chronic pain with no new injury to the knee. 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 determine whether physical therapy was effective or whether continuation of physical therapy was necessary. The request is not medically necessary.