

Case Number:	CM15-0179550		
Date Assigned:	09/21/2015	Date of Injury:	08/21/2006
Decision Date:	10/26/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 August 21, 2006. According to a primary treating physician's progress report dated July 17, 2015, the injured worker presented with complaints of intermittent moderate stabbing right knee pain, rated 6 out of 10 and numbness, associated with change in temperature and movement. She also reports left knee intermittent moderate pain, rated 5 out of 10, with numbness radiating to the back of the knee and down the ankle, associated with change in temperature and movement. Objective findings included; right knee- motor 4 out of 5 quadriceps and hamstrings, ranges of motion are painful, flexion 140 degrees, 140 degrees and extension 0 degrees, 0 degrees, tenderness to palpation of the anterior, lateral, and medial knee, McMurray's causes pain; left knee- 4 out of 5 quadriceps, ranges of motion are painful, flexion 140 degrees, 140 degrees, extension 0 degrees, 0 degrees, tenderness to palpation of the anterior and medial knee, McMurray's is positive. Diagnoses are right knee chondromalacia; right knee sprain, strain, rule out meniscus tear; left knee chondromalacia; left knee sprain, stain, rule out meniscus tear. At issue, is a request for authorization for physical therapy (2) times weekly for 3 weeks, bilateral knees, per the July 17, 2015 order and follow-up with a medical doctor, per the July 17, 2015 order. According to utilization review dated August 13, 2015, the request for Physical Therapy, (2) times weekly, bilateral knees, per 07-17-2015 order Quantity: 6 is non-certified. The request for a follow-up with a medical doctor per 07-17-2015 order Quantity (1) is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x weekly for 3 weeks, bilateral knees Qty: 6.00 (per 07/17/15 order):
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

Decision rationale: Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times per week times 3 weeks (#6) per July 17, 2015 order is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right knee chondromalacia; right knee pain, sprain and strain; left knee chondromalacia; left knee pain, sprain and strain. Date of injury is August 21, 2006. Request for authorization is July 17, 2015. According to progress note dated July 17 15, subjective complaints include bilateral knee pain 6/10. Pain radiates to the posterior knee on the left. Range of motion is painful. Objectively, there is tenderness to palpation. The treating provider requested physical therapy two times per week times three weeks. There is no documentation showing the total number of physical therapy sessions to date. There are no compelling clinical facts showing additional physical therapy over the recommended guidelines is clinically indicated. The injured worker is engaged in a home exercise program. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts indicating additional physical therapy is warranted, no documentation indicating the total number of physical therapy sessions to date and no documentation demonstrating objective functional improvement, physical therapy 2 times per week times 3 weeks (#6) per July 17, 2015 order is not medically necessary.

Follow up with a medical doctor (per 07/17/15 order): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow up with a medical doctor July 17, 2015 order is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics

require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are right knee chondromalacia; right knee pain, sprain and strain; left knee chondromalacia; left knee pain, sprain and strain. Date of injury is August 21, 2006. Request for authorization is July 17, 2015. According to progress note dated July 17 15, subjective complaints include bilateral knee pain 6/10. Pain radiates to the posterior knee on the left. Range of motion is painful. Objectively, there is tenderness to palpation. The treating provider's treatment plan indicated the injured worker was to be referred to a medicine doctor for medications. There are no medications documented in the medical record. There is no treatment plan with medications documented in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the treatment plan including medications, no list of current ongoing medications, and no clinical indication or rationale for a referral to a medicine doctor, follow up with a medical doctor July 17, 2015 order is not medically necessary.