

Case Number:	CM15-0042578		
Date Assigned:	03/12/2015	Date of Injury:	02/22/2008
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on February 22, 2008. He has reported back pain and knee pain. Diagnoses have included left patella fracture, traumatic arthritis of the left knee, chondromalacia patella, lumbar spine radiculopathy, lower back pain, and lumbar facet arthropathy. Treatment to date has included medications, physical therapy, left knee surgery, lumbar spine epidural steroid injection, sacroiliac joint injection, knee bracing, and imaging studies. A progress note dated February 11, 2015 indicates a chief complaint of back pain and knee pain. The treating physician documented a plan of care that included physical therapy, medications, and continued bracing as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The 57 year old patient complains of traumatic arthritis of the left knee, chondromalacia of left patella, lumbar radiculopathy, low back pain, arthropathy of lumbar facet, and Charcot Marie tooth disease, as per progress report dated 02/11/15. The request is for 6 PHYSICAL THERAPY. The most recent RFA for this request is dated 02/11/15, and the patient's date of injury is 02/22/08. The patient is status post left knee arthroscopy on 06/17/09, as per progress report dated 02/11/15. The patient has been allowed to return to modified work, as per the same report. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the treating physician is requesting 6 additional sessions of physical therapy in progress report dated 02/11/15. The available reports do not document prior therapy. The UR denial letter, however, states that the patient has completed at least 80 sessions of PT to date. The physician does not document its efficacy in terms of improvement in pain and function. Additionally, the current request of 6 additional sessions exceeds 8-10 sessions recommended by MTUS in non-operative cases. The request IS NOT medically necessary.