

Case Number:	CM15-0048444		
Date Assigned:	03/20/2015	Date of Injury:	04/01/1996
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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 52 year old female, who sustained a work / industrial injury on 4/1/96. She has reported initial symptoms of ankle and knee pain. The injured worker was diagnosed as having pain in joint with osteofibrosis of the right knee and stiffness of the bilateral knees. Treatments to date included medication, rheumatology consultation, surgery (bilateral closed manipulation of both knees on 4/27/09 and total knee arthroplasties 2/11/08), adaptive equipment (single point cane), and injections. Currently, the injured worker complains of bilateral ankle pain (L>R) and intermittent knee pain secondary to rheumatoid arthritis. The treating physician's report (PR-2) from 2/9/15 indicated range of motion to right knee 7-80 degrees flexion, left knee 0-95 degrees flexion. Medications included Orenzia, Methotrexate, and Relafen. Treatment plan included Physical Therapy three times a week for six weeks to improve range of motion, especially left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Ankle & foot (Acute and chronic), physical therapy (2) Knee and leg (Acute & chronic), physical therapy.

Decision rationale: The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic bilateral knee and ankle pain. Treatments have included bilateral knee replacements. The claimant is being treated with a diagnosis of rheumatoid arthritis. Treatment for knee or ankle arthritis would reasonable is expected to include up to 9 physical therapy sessions over 8 weeks. The number of treatments being requested is excessive and not medically necessary.