

Case Number:	CM15-0071783		
Date Assigned:	04/22/2015	Date of Injury:	03/01/2013
Decision Date:	05/20/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

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 46 year old female, who sustained an industrial injury on 03/01/2015. On provider visit dated 03/17/2015 the injured worker has reported low back pain that radiates to right buttock and left thigh along with numbness and tingling sensation in the bilateral hips and posterior thighs. Also, the injured worker complained of bilateral knee pain. On examination of the left knee there was decreased range of motion and hypersensitivity over the medial aspect of the left knee. Lumbar spine revealed decreased range of motion and a positive straight leg raise and weakness over the bilateral hip flexors and left quadriceps. The diagnoses have included status post left knee revision surgery 01/08/2015, chronic myoligamentous sprain/strain in the lumbosacral spine, superimposed on degenerative disc disease, status post left knee arthroscopy with residual and diffuse tricompartmental degenerative joint disease, compensatory sprain/strain with aggravation of tricompartmental osteoarthritis of the right knee, right knee osteoarthritis with joint space narrowing, herniated nucleus pulposus at L4-L5 and L5-S1 with bilateral lower extremity radicular complaints and left knee postoperative changes. Treatment to date has included medication and unclear number of completed sessions of physical therapy to left knee. The provider requested physical therapy 3x4 to 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 3x4 to the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week from four weeks to the left knee 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 tear of the medial cartilage or meniscus of knee; and pain in joints, lower leg; and status post left knee revision surgery on January 8, 2015. The documentation states the injured worker is currently receiving physical therapy. The utilization review states the worker received an adequate number of physical therapy sessions according to the guidelines. As of February 13, 2015, the injured worker received nine sessions out of 12 authorized physical therapy sessions. The guidelines recommend 12 visits over 12 weeks. There is no documentation evidencing objective functional improvement with ongoing physical therapy. The most recent progress note in the medical record is dated February 22, 2015. The worker has more pain with ongoing physical therapy. The VAS pain score is 5/10. Objectively, there is no physical examination documented in the progress note. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically warranted. Consequently, absent compelling clinical documentation with objective functional improvement and compelling clinical facts indicating additional physical therapy (over and above 12 sessions recommended by the guidelines) is warranted, physical therapy 3 times per week from 4 weeks to the left knee is not medically necessary.