MAXIMUS Federal Services

Case Number:	CM15-0072389		
Date Assigned:	04/22/2015	Date of Injury:	05/16/2008
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/16/2015

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 53 year old female who sustained an industrial injury on 05/16/2008. Diagnoses include low back pain and cervicalgia, cervical spasm, and medial meniscus tear revealed in Magnetic Resonance Imaging done in December of 2014. Treatment to date has included diagnostic studies, medications, and conservative modalities. A physician progress note dated 03/26/2015 documents the injured worker has continued achiness, stiffness and pain and swelling, locking and buckling with her left knee. She ambulates with a cane. She also has spinal injuries, and she is a candidate for spinal surgery and fusion. A Magnetic Resonance Imaging revealed a medial meniscus tear as well as a small lobulated focus of fluid between the medial left knee joint space and the distal Sartorius and gracilis tendons suggesting mild change of medial left knee bursitis and small anterior left knee joint effusion. On examination, the left knee is tender to palpation on the medical joint line, a positive McMurry's, positive patellofemoral crepitation, positive grind is present, and there is tenderness to palpation on the patellar tendon distal insertion. The treatment plan is for Ibuprofen and Prilosec. Surgery will be needed but she will have to have her spine issues resolved before undergoing the procedure. Treatment requested is for Physical therapy 12 sessions (2 times a week for 6 weeks) 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 12 sessions (2 times a week for 6 weeks) to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

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 May 2008 and continues to be treated for left knee and low back pain. Surgery for both the lumbar spine and left knee is being planned. When seen, she was noted to be ambulating with a cane. She had previously had physical therapy including a home exercise program. She had left knee joint line tenderness with positive McMurray's testing and positive patellar grind testing with patellofemoral tenderness and crepitus. She was referred for additional physical therapy for the left knee for range of motion and strengthening. 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 claimant has recently had physical therapy. Patients are expected to continue active therapies at home. Ongoing compliance with a home exercise program would be expected and would not require skilled physical therapy oversight. Providing the requested number of additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The additional physical therapy was not medically necessary.