

Case Number:	CM15-0074986		
Date Assigned:	04/24/2015	Date of Injury:	10/05/2000
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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 56 year old female patient who sustained an industrial injury on 10/05/2000. A primary treating office visit dated 11/13/2014 reported the patient with complaint of chronic bilateral knee, back and right hip pains. She reports the injection administered at the last visit "provided very noticeable relief of right hip pain for about a week or so. She is status post 2 right knee surgeries and one left knee procedure. She states that over the last few months the knee pains have increased about 50% in both frequency and intensity. The patient also states having had fallen more than twenty times over a months' time. She does report using a walker and a motorized wheelchair as much as possible. The pain is located in the bilateral legs, neck, right buttock, right hip, bilateral hands, bilateral knees, bilateral low back, and bilateral ankles/feet, groin. The patient utilizes a pain pump and it is refilled this visit. Current medications are: Valium, OxyContin, Percocet, Trazadone, Effexor XR, Topamax, and Zomig. The following diagnoses are applied: chronic pain syndrome, bilateral hip pain, bilateral knee pain, post laminectomy, lumbar syndrome, lumbar radiculopathy, lumbar back pain, trochanteric bursitis, right; paresthesia's/numbness; bilateral osteoarthritis knee, chronic insomnia, depression, and obesity. The plan of care involved: refilling medications, recommending orthopedic consultation, remain active, discouraged short acting Opioid usage, and follow up. A pain management follow up visit dated 06/24/2014 reported current subjective complaints of the entire right side of the low back with cramps up into the bra line, and progresses to the point of immobility with right leg giving out. Of note, Percocet, OxyContin, and Flector were denied and she reports increased pain as a result. There is increased tension since last visit. Current

medications showed: OxyContin, Percocet, Valium, Effexor XR, Topamax, Flector, Trazadone and Meloxicam. There are no changes to the treating diagnoses. The plan of care involved: recommending physical therapy sessions, neurosurgeon referral, continue current medications, and follow up in one or sooner.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for bilateral knee 3 x per week x 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, additional physical therapy bilateral knees three times per week times six weeks (18) 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 chronic pain syndrome; bilateral hip pain; bilateral knee pain; post lumbar that any syndrome lumbar; lumbar radiculopathy; back pain lumbar; trochanteric bursitis right; paresthesias/numbness; osteoarthritis knees bilaterally; insomnia, depression and obesity. The request for authorization was dated March 26, 2015 signed by the treating orthopedist. There is no documentation from the treating orthopedist in the medical record. Consequently, there is no clinical indication or rationale for physical therapy in the medical record of a treating orthopedist. The entire medical record is composed of progress notes (and diagnostic tests) from the pain management provider. A progress note dated March 7, 2015 (from the pain management provider) did not contain a clinical indication or rationale for physical therapy. There was no documentation of prior physical therapy to date. There is no documentation indicating the total number of physical therapy sessions to date. There was no documentation of objective functional improvement (with prior physical therapy). Consequently, absent compelling clinical documentation with objective functional improvement (of prior physical therapy) with a clinical indication and rationale for additional physical therapy and compelling clinical facts indicating additional physical therapy is warranted, additional physical therapy bilateral knees three times per week times six weeks (18) is not medically necessary.