

Case Number:	CM15-0090744		
Date Assigned:	05/15/2015	Date of Injury:	05/18/2012
Decision Date:	06/18/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 was a 31 year old female, who sustained an industrial injury, May 18, 2012. The injury was sustained when the injured worker tripped on some debris on the floor and twisted the right knee. The injured worker landed on the knees, which caused immediate pain in both knees and started radiating up to the back. The injured worker previously received the following treatments 18 sessions of physical therapy for the right knee, back MRI, right knee MRI showed fracture in the cartilage, Tramadol, Pantoprazole, Gabapentin, cane, right knee cortisone injections, 18 session of physical therapy prior to July 12, 2013, right knee surgery on January 23, 2014, 16 postoperative physical therapy sessions for the right knee, as of November 21, 2014 and H-wave unit. The injured worker was diagnosed with lumbar degenerative disc disease, right knee contusion, right knee sprain/strain and lumbar strain/sprain. According to progress note of December 5, 2014, the injured workers chief complaint was right knee pain and low back pain. The injured worker walked with a normal gait. The physical exam noted the lumbar spine continues to improve. The forward flexion was 90 degrees. There was no tenderness over the L5-S1 junction. There was diffuse tenderness over the L1-L5 paraspinal muscles. The injured worker was increasing the use of the H-wave unit and was taking additional medications and increased sleep. In July 12, 2013, the injured worker completed 18 sessions of physical therapy for the right knee and lumbar spine. The injured worker felt better, but once the physical therapy stopped the pain in the right knee and lumbar spine returned. The treatment plan included additional physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back and Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 98-99.

Decision rationale: The CA MTUS recommends physical therapy for management of chronic pain with a clear preference for active therapy over passive therapy. Physical therapy includes supervision by therapist then the patient is expected to continue active therapies at home in order to maintain improvement levels. Guidelines direct fading treatment frequency from 3 times a week to one or less with guidelines ranging depending on the indication: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. In this case, the claimant has already completed 30 physical therapy visits and the medical records do not contain any information that would support any additional expected benefit from additional physical therapy. The request for additional physical therapy sessions is denied and therefore, not medically necessary.