MAXIMUS Federal Services

Case Number:	CM15-0098942		
Date Assigned:	06/01/2015	Date of Injury:	01/17/2001
Decision Date:	07/07/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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
Certification(s)/Specialty: Emergency 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 73 year old, who sustained an industrial injury on January 17, 2001. They reported neck pain, back pain and bilateral knee pain after slipping and falling on a piece of cabbage. The injured worker was diagnosed as having cervical radiculopathy, thoracic and lumbar radiculopathy, bilateral knee sprain, rule out internal derangement, bilateral shoulder tendinitis, bilateral carpal tunnel syndrome, bilateral De Quervain's, anxiety, lumbar spine spondylolisthesis, status post right knee total replacement and gastroesophageal reflux disease secondary to medication use. Treatment to date has included radiographic imaging, diagnostic studies, total right knee replacement, physical therapy, medications and activity restrictions. The work status was noted as retired. Currently, the injured worker complains of continued neck, mid, upper and low back and bilateral knee pain with associated stress and poor sleep. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. They were treated conservatively and surgically without complete resolution of the pain. Evaluation on February 11, 2015, revealed continued pain as noted with associated symptoms. Physical therapy for the bilateral knees was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for bilateral knees, quantity: 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic) Online Version, 02/27/15- Physical medicine treatment.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was documented as 16 sessions) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. As per MTUS guidelines, maximum recommended PT sessions for patient's condition is 10sessions. Patient has already exceeded recommended number of PT sessions and additional PT sessions requested exceeds it even more. Documentation fails to support additional PT sessions. Additional 16 physical therapy sessions are not medically necessary.