

Case Number:	CM15-0098988		
Date Assigned:	06/01/2015	Date of Injury:	03/14/2012
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
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: Preventive Medicine, Occupational 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 59-year-old female, with a reported date of injury of 03/14/2012. The diagnoses include right knee moderate to severe tri-compartmental osteoarthritis, right knee medial lateral meniscus tear, and right knee chondromalacia. Treatments to date have included an MRI of the right hip, which showed osteoarthritis of the knee joint; and a series of Synvisc-One injections. The medical report dated 03/19/2015 indicates that the injured worker had persistent right knee pain. The physical examination showed well-healed scars on the right knee, and 3+ tri-compartmental crepitation, but no ligamentous instability. It was noted that the injured worker had failed conservative care and was a candidate for a right total knee arthroplasty and would be referred to a specialist. The treating physician requested twelve (12) physical therapy sessions for the right knee and twelve (12) acupuncture sessions 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 x 6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The request for 2 X 6 sessions is in excess of the recommendations of the MTUS Guidelines. The request for Physical Therapy 2 x 6 for the right knee is determined to not be medically necessary.

Acupuncture 2 x 6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain to improve function. The recommended time to produce functional improvement is 3 to 6 sessions at a frequency of 1 to 3 times per week over 1 to 2 months. Additional treatments may be necessary if there is documented functional improvement as a result to the trial of 3 to 6 sessions. The request for 12 sessions is in excess of the recommended trial of acupuncture to determine if this treatment modality will provide functional improvement in this injured worker. The request for acupuncture therapy 2 x 6 sessions is determined to not be medically necessary.