

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 02/02/1994. The primary treating diagnosis is internal derangement of the knee. The initial physician review notes that this patient was treated with prior physical therapy for her chronic arthritic condition since 2004. That initial review indicates that the medical records do not provide a rationale as to why this patient would require additional supervised as opposed to independent home therapy. The treating physician notes recommend physical therapy given the patient has pain and weakness and loss of motion and functional deficits and that the patient would likely require referral for total knee arthroplasty in the future given evidence of tricompartmental arthritis with continued pain.

IMR DECISION(S) AND RATIONALE(S)

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

1. Physical therapy 2 times a week for 6 weeks for right knee is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG Physical Therapy Guidelines, which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), Physical Medicine, page 98, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 98-99, recommends, "Active therapy requires an internal effort by the individual to complete a specific exercise or task... Allow for fading of treatment frequency plus active self-directed home physical medicine." The guidelines therefore anticipate that this patient would have transitioned by now to independent home rehabilitation. The medical records do not document any specific

recommended methods or goals of treatment which would differ from prior treatment. This patient is reported to have pain and loss of function, though it is not clear that there has been a fundamental change in this patient's overall chronic situation or that there is a specific change in the patient's physical therapy program proposed to treat this. This requested treatment is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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