

Case Number:	CM13-0003286		
Date Assigned:	12/18/2013	Date of Injury:	08/07/2008
Decision Date:	03/31/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/25/2013

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 Occupational Medicine, 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 54 year old male with a 8/7/08 date of injury. At the time of request for authorization for physical therapy two times a week for three weeks to the right knee qty: 6, there is documentation of subjective (increasing pain in the right knee) and objective (tenderness to palpation over the anterior patella, patellar tendon, medial patellar area, and posterior joint line) findings, current diagnoses (early degenerative arthritis, right knee), and treatment to date (activity modification, physical therapy, and medications). There is no documentation of the number of previous physical therapy sessions completed and, if the number of treatments have already exceeded guidelines, documentation of exceptional factors. In addition, there is no documentation of objective improvement with previous treatment.

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 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter

(ACOEM Practice Guidelines, Chapter 6) page 114, and the Official Disability Guidelines, Knee, section on Physical therapy.

Decision rationale: ACOEM Guidelines identify the importance of a time-limited treatment plan with clearly defined functional goals, with frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. The Official Disability Guidelines (ODG) recommend a limited course of physical therapy for patients with a diagnosis of arthritis of the knee not to exceed 9 sessions over 8 weeks. The ODG require documentation of exceptional factors when treatment duration and/or number of visits exceeds the Guidelines' recommendations. Within the medical information available for review, there is documentation of previous physical therapy sessions completed to date, functional deficits, and functional goals. However, there is no documentation of the number of previous physical therapy sessions completed or documentation of exceptional factors. In addition, there is no documentation of objective improvement with previous treatment. Therefore, the request for physical therapy two times a week for three weeks to the right knee qty: 6 is not medically necessary and appropriate.