

<b>Case Number:</b>	CM13-0008974		
<b>Date Assigned:</b>	09/11/2013	<b>Date of Injury:</b>	04/11/2005
<b>Decision Date:</b>	01/13/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a female patient with a date of injury of April 11, 2005. A utilization review determination dated July 16, 2013 recommends non-certification of 6 physical therapy visits between July 16, 2013 and September 14, 2013 due to "the number of physical therapy sessions have exceeded the recommended amount set by guidelines and the patient continued to avoid chores as well as being physical." as well as non-certification of an unknown pool program between July 16, 2013 and September 14, 2013 due to the fact that "the patient completed at least 12 with possibly up to 24 physical therapy sessions and there is no documented need for therapy in a subjective complaints stating, "she tells me that left knee pain is constantly a moderate level because of the constant pain in the left lower extremity. She uses the right leg more often. She admits to having spasm in the posterior left thigh and numbness in the hands and arms. This patient manages doing cooking and cleaning for herself as well as self-care without assistance. She also recently started doing watering her garden. The patient has sleep issues and has been using Trazodone for insomnia." Physical examination identifies, "left lower extremity extends to 180° and flexes to 90°. Stress tenderness in the lateral part of the left knee. Strengthen bilateral lower extremities equal to 4/5." Diagnoses include, "distal thigh pain due to tightness of the quadriceps from a previous injury. Left knee pain which is secondary to the quadriceps mechanism. Issue with depression and sleep and stress." The treatment plan states, "We would like to appeal the denial for physical therapy X6 sessions as well as have pool access X12 sessions for the purpose of non-gravity exercises to strengthen her left knee." The note goes on to state, "she should avoid forceful pushing, pulling and heavy lifting." A progress report dated July 9, 2013 identifies that "she is receiving some therapy for knee," and a progress report dated May 9, 2013

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Six physical therapy visits between 7/16/13 and 9/14/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Regarding the request for additional physical therapy, the Occupational Medicine Practice Guidelines (ODG) recommend instruction in home exercise in the treatment of knee injuries. The ODG also recommends physical therapy and goes on to state that if there is no improvement after two to three weeks, the protocol may be modified or reevaluated. The ODG recommends nine physical therapy visits over eight weeks in the treatment of meniscal injuries. Within the documentation available for review, it appears the patient has had more than nine physical therapy sessions already authorized. There is no statement identifying any complication or intervening injury for which additional therapy (aquatic or otherwise), above and beyond what is normally recommended by guidelines, would be required. Additionally, there is no specific identification of objective functional improvements achieved with the therapy are the authorized. Furthermore, there is no statement indicating why the requesting physician feels that additional therapy may help the patient above and beyond what has already been achieved with the therapy provided. There is no statement indicating why any remaining objective treatment goals would be unable to be addressed with an independent program of home exercise. In the absence of clarity regarding those issues, the currently requested additional physical therapy is not medically necessary.

### **An unknown pool program between 7/16/13 and 9/14/13: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official disability guidelines.

**Decision rationale:** Regarding the request for, "unknown pool program," guidelines do not contain criteria regarding this treatment plan; it is presumed that the requesting physician is asking for aquatic therapy. Occupational Medicine Practice Guidelines state that non-weight-bearing exercise such as swimming or floor exercise can be carried out while allowing the affected limb to rest before undergoing specific exercises to rehabilitate the area at a later date. They go on to recommend weight-bearing exercises as tolerated as soon as possible. ODG recommends aquatic therapy as an alternative to land-based therapy where reduced weight-bearing is desirable. Within the documentation available for review, it appears that the patient is already able to tolerate land-based therapy. The patient has been doing normal activities including chores and has undergone land-based physical therapy previously. Guidelines clearly

recommend against prolonged use of non-weight-bearing therapy if the patient is able to tolerate land-based therapy. Additionally, it appears the patient has already met the number of therapy visits recommended by guidelines. There is no statement identifying any complication or intervening injury for which additional therapy (aquatic or otherwise), above and beyond what is normally recommended by guidelines, would be required. In the absence of clarity regarding those issues, the currently requested "pool program" is not medically necessary.