MAXIMUS Federal Services

Case Number:	CM13-0012487		
Date Assigned:	06/06/2014	Date of Injury:	09/18/2012
Decision Date:	07/24/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Internal Medicine and is licensed to practice in Arizona. 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/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 patient is a 50-year-old school secretary who slipped on a wet floor on 9/18/12, hurting her left knee. She had undergone a successful arthroscopic meniscectomy of that knee in 2011. After the fall, she was placed in a brace and had approximately 12 physical therapy sessions. She was then evaluated by an orthopedic surgeon who ordered an additional 6 sessions for strengthening; these were nearly completed when this request for authorization of another 6 physical therapy sessions was placed. This patient had another MRI which showed some advancement of her medial degenerative joint disease (DJD) which was reported to be moderately severe. She did undergo three Synvisc injections and reported improvement in her symptomatology. This patient however, still is limited in her activities. She is working full time, primarily sitting at a desk. She denies pain at rest, but does develop pain with walking beyond a block. She does report some weakness. She was exercising on a treadmill and had lost 15 pounds prior to the last round of physical therapy. It is not clear if she was doing home exercises at the time of the authorization.

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, LEFT KNEE QUANTITY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page99 out of 127 Page(s): 99 out of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Return-to-Work Pathways,Physical Therapy Guidelines.

Decision rationale: The MTUS recognizes the value of Physical Therapy after an injury, surgery or flare in symptomatology. It is not intended to offer Physical Therapy indefinitely. They have given various guidelines indicating the frequency of physical therapy visits. For myalgia or myositis, the frequency is 9-10 visits over 8 weeks, for neuralgia 8-10 visits over 4 weeks. The MTUS does not deal specifically with knee pain. The ODG does, however. Following the guidelines mentioned above, they also mention Arthritis, stating that Physical Therapy for medical treatment should be 9 visits over 8 weeks, for Post-injection treatment should be 1-2 visits over 1 week and Post-surgical treatment 18 visits over 12 weeks. This patient did complete approximately 18 physical therapy sessions. There does not seem to be any other mitigating circumstances that would justify the need for additional physical therapy. For this reason, the request is not medically necessary.