MAXIMUS Federal Services

Case Number:	CM13-0016382		
Date Assigned:	12/11/2013	Date of Injury:	06/14/2012
Decision Date:	01/28/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

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 on June 14, 2012. A utilization review determination dated August 16, 2013 recommends noncertification of physical therapy 6 sessions for the left leg and workstation ergonomic evaluation and modifications. The recommendation for noncertification of ergonomic workstation evaluation states, "the documentation does not clearly identify why poor ergonomics is suspected as contributing to the patient's complaints or another clear rationale for an ergonomic evaluation." A progress report dated May 9, 2013 identifies no subjective complaints, physical examination identifies, "palpation: tenderness to left lateral knee, hamstrings nontender anterior knee, no swelling. Range of motion: full range of motion. Special tests: Lachmans, Drawer, and Pivot shift tests are negative in bilateral knees. Motor strength: Limited/examination due to pain: 4/5." Diagnoses include patellofemoral disorder. Treatment plan states, "completed physical therapy 2nd course of physical therapy sessions 2X3." A progress report dated June 15, 2012 identifies, "patient states: "my keyboard falls down all the time. I was tightening up the keyboard, the chair armrest gave out. I fell on my left knee and hit my head on the keyboard holder."" A progress report dated October 9, 2013 states, "completed physical therapy 12 sessions - initial with benefit." The treatment plan goes on to state, "physical therapy 6 sessions 2X 3 (additional course) for left leg strengthening, quadriceps training, squats, and dynamic balance training, with core stabilization." A progress report dated September 11, 2013 identifies, "while completing her court documents, she has to spend long hours in front of the computer. When she is working in Los Angeles County, she knows that she can get up now and then while she is working. This is not much of a problem at this location. [redacted] does not want to go off work and enjoys what she is doing." The note goes on to state, "wherever

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for physical therapy two (2) times a week for three (3) weeks to the left leg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. It is acknowledged that the requesting physician feels that the previous physical therapists were sub optimal. However, in hopes of preventing inadequate physical therapy in the future, one would expect very clearly written and specific modalities and treatment recommendations. None of these have been documented here. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.

The request for workstation ergonomic evaluation and modification: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6.

Decision rationale: Regarding the request for workstation ergonomic evaluation and modification, Occupational Medicine Practice Guidelines state that engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost effective measure in the long run. Within the documentation available for review, it is unclear exactly what ergonomic problems are present at the patient's worksite. The patient's mechanism of injury has more to do with pieces of equipment being in disrepair, as opposed to poor ergonomics. The requesting physician has not identified what type of biomechanical issues he feels is contributing to the patient's ongoing symptoms. In the absence of clarity regarding those issues, the currently requested workstation ergonomic evaluation and modification is not medically necessary.