

Case Number:	CM13-0030007		
Date Assigned:	11/27/2013	Date of Injury:	05/04/2011
Decision Date:	08/08/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The injured worker is a 56-year-old male who reported an injury on 05/04/2011. The mechanism of injury was not provided. On 08/26/2013, the injured worker presented with right shoulder pain. Upon examination of the right knee, the range of motion was restricted with flexion limited to 90 degrees due to pain. There was tenderness to palpation noted over the iliotibial band along the medial jointline and patella. There is 2+ effusion to the right knee joint and a positive Bounce test with crepitus on extension and flexion. Prior therapy included medications, increase water intake, and exercise as tolerated. The provider recommended retrospective physical therapy sessions x12 for the right knee. The provider's rationale was not provided. The Request For Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PHYSICAL THERAPY SESSIONS TIMES 12 FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 98.

Decision rationale: The request for retrospective physical therapy sessions x12 for the right knee is non-certified. The California MTUS Guidelines state that active therapy is based on a philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, flexion, range of motion and can alleviate discomfort. Active therapy requires an internal effort for the individual to complete a specific exercise or task. The injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was also documentation indicating the injured worker's prior request for physical therapy as well as efficacy of the prior therapy. The amount of physical therapy visits that have already been completed was not provided. Additionally, the injured worker's are instructed and expected to continue active therapies at home. There is no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request does not indicate the frequency of the physical therapy visits being requested. As such, the request is non-certified.