

Case Number:	CM13-0030513		
Date Assigned:	11/27/2013	Date of Injury:	09/22/2009
Decision Date:	01/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 and is licensed to practice in Illinois. 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:

The patient is a 62-year-old female who reported an injury on 09/22/2009 after she tripped and fell, reportedly landing on her left knee and right elbow. The patient subsequently suffered an undisplaced fracture of the right radial head and a strain of the right shoulder. The documentation dated 07/19/2011 states that the patient was treated conservatively with physical therapy and was noted to have made progress. The left knee never required surgery, but the patient made enough progress to be considered permanent and stationary as of 04/20/2010. The patient also underwent a cortisone injection to the left knee in 2010, and was noted to wear a right hinged knee brace due to having trouble walking, escalating stairs, and standing. She also stated she was having difficulty sleeping. Plain view radiographs were taken of the patient's left knee on 09/09/2013, which noted no bone or joint abnormalities, joint spaces well preserved, but evidence of a prior fracture. An x-ray, anteroposterior of the pelvis and lateral of the right hip, revealed severe osteoarthritis with bone on bone contact of the superior acetabulum. She underwent another left knee injection of Kenalog and lidocaine. The physician is now requesting 6 sessions of physical therapy for treatment of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. A patient is allowed 9 to 10 visits over eight weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. Physical medicine is allowed for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home physical medicine. As noted in the documentation, the patient has already undergone at least 23 sessions of physical therapy after her injury. Therefore, the patient should be well versed in continuing with home health exercises pertaining to improving the function of her left knee. Therefore, the requested physical therapy is not medical necessity or appropriate in this case.