

Case Number:	CM13-0034895		
Date Assigned:	12/11/2013	Date of Injury:	09/27/2012
Decision Date:	02/10/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/15/2013

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 & Rehabilitation 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:

The patient is a 55-year-old male who reported an injury on 09/27/2012 after a fall causing injury to the left elbow and right knee. This injury ultimately resulted in a right knee meniscectomy. Previous treatments do include medications, physical therapy, and heat and ice. The patient underwent 12 postsurgical physical therapy sessions with increased ability to ambulate. However, the patient continued to have weakness. The patient was also scheduled to undergo an olecranon bursectomy of the left elbow. The patient's most recent clinical findings included 4/5 quad strength with restricted right knee range of motion described as 90 degrees in flexion. The patient also had left elbow pain rated at 5/10 with a small amount of swelling and restricted range of motion secondary to pain. The patient's diagnoses included pain in joint of the lower leg, pain in joint of the ankle and foot, and elbow, forearm and wrist injury. The patient's treatment plan included an olecranon bursectomy and continued physical therapy postsurgically

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee (8 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The requested physical therapy for the right knee is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends 12 visits of physical therapy for a meniscectomy. The clinical documentation submitted for review does provide evidence that the patient has attended 12 out of 24 visits. Although he does have some range of motion and muscle strength deficits interfering with the patient's ability to ambulate, additional physical therapy cannot be supported. The efficacy of the additional 12 physical therapy treatments is not established within the submitted documentation. Additionally, after 12 visits, the patient should be well versed in a home exercise program. There is no documentation that the patient is participating in a home exercise program to maintain function levels obtained during skilled supervised therapy. Therefore, additional physical therapy would not be supported. As such, the requested physical therapy for the right knee is not medically necessary or appropriate.

Occupational therapy to the left elbow (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

Decision rationale: The requested 12 sessions of occupational therapy for the left elbow are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is scheduled to undergo surgical intervention of the left elbow to include an olecranon bursectomy. The California Medical Treatment and Utilization Schedule does recommend up to 12 postsurgical visits for enthesopathy of the elbow region. However, the California Medical Treatment and Utilization Schedule also recommends an initial course of treatment to include half the number of recommended visits to establish efficacy of the treatment modality. This would be approximately 6 visits of postsurgical treatment. The requested 12 sessions of occupational therapy for the left elbow exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested 12 sessions of occupational therapy for the left elbow are not medically necessary or appropriate.