MAXIMUS Federal Services

Case Number:	CM13-0040219		
Date Assigned:	12/20/2013	Date of Injury:	06/28/2010
Decision Date:	02/20/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Washington DC, and Florida. 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:

According to medical records reviewed, the claimant is a 47 year old female with stated date of injury of 06/28/2010. She sustained injury to her knee joints, and has been receiving physical therapy. There was some delay in starting her in aquatic therapy. She has had two sessions of land-based physical therapy, and while this has caused significant escalation of her pain complaints, she does feel that it is somewhat helpful. She notes ongoing bilateral knee pain with locking. Objective: She has an antalgic gait. She has full ROM, however, pain is noted throughout ROM. Impression: Chronic bilateral knee pain. S/P left knee meniscectomy, synovectomy, and chondroplasty on 04/28/11. Bilateral-medical compartment and patellofermoral compartment osteoarthritis. Obesity. Plan: She is interested in additional physical therapy. It seems she only has one remaining session. I do have a note from physical therapist, [redacted] he notes she demonstrates resolve in working through pain. He felt that she would have difficulty with pool therapy, and she is unable to get in the pool and she would require an active rehab program that she could perform and reproduce at home, and he felt continuing with land-based outpatient therapy would be better suited for her long-term needs. I am asking for an additional six sessions at this point. Previous steroid injections have actually caused short-term improvements followed by significant esca1ations in pain. Another option could be viscosupplementation, which I believe was recommended by her QME previously. She is inquiring about a soft knee support, which is reasonable. I will defer to her physical therapist in determining what support might best suited for her. Work Status: Permanent and stationary. - 10/15/13 [redacted]; DWC form RFA; Diagnosis: Chronic bilateral knee pain. Request Six additional sessions of physical therapy. 2x a week for 3 weeks. The later was denied for lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339.

Decision rationale: CA-MTUS (Effective July 18, 2009) /ACOEM (2004) chapter 13, guidelines in page 337 to 338 state "Instruction in home exercise. Except in cases of significant injury, patients with knee problems can be advised to do early straight-leg raising and active range-of-motion exercises, especially bicycling, as tolerated. The emphasis is on closed-chain exercises and muscle re-training. Instruction in proper exercise technique is important and a few visits to a physical therapist can serve to educate the patient about an effective exercise program. The clinician or therapist should teach the patient rehabilitation programs for knee problems. Also in page 58 of the CA-MTUS guidelines, Manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. This type of physical therapy is not recommended for the knee joint. With respect to the claimant, the guideline stated " Except in cases of significant injury, patients with knee problems can be advised to do early straight-leg raising and active range-of-motion exercises, especially bicycling, as tolerated. The emphasis is on closed-chain exercises and muscle re-training. Instruction in proper exercise technique is important. The request for additional six sessions of physical therapy for knee injury is not medically necessary.