

<b>Case Number:</b>	CM13-0042872		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 PM&R, has a subspecialty in Pain Medicine 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 injure worker is a 56 year old female with a date of injury 10/03/2010. The patient has undergone right calcaneal osteotomy on 02/08/13. She has diagnoses of right ankle/foot pain, tibial tendonitis, and bilateral knee pain. Post-operatively, the patient had a period of immobilization followed by physical therapy. The patient has had at least 31 physical therapy treatments. The areas worked on in physical therapy are the right ankle and bilateral knees. There are also notes that Euflexxa injections were requested but it unclear if they were given for the knees. The disputed issue is a request for additional physical therapy. This request was made in association with an office visit on date of service 10/22/13. A utilization review determined that additional physical therapy sessions were not medically necessary given that the patient failed to demonstrate "a progression of care with increased active intervention versus passive intervention and reduction in frequency of treatment over the course of care as required by the guidelines."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 physical therapy sessions to both knees.:** Upheld

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

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

**Decision rationale:** By statute, the independent medical review process prioritizes the guidelines offered in the California Medical Treatment Utilization Schedule as a first priority, followed then by other national guidelines. With regard to physical therapy, the CA MTUS specifies the following on page 99: "Physical Medicine Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." In the case of this injured worker, there has been extensive physical therapy, but no clear documentation of why further formal physical therapy is medically necessary. There is no documentation of failure of a home exercise program, and the guidelines specifically recommend transitional to self-directed exercises following physical therapy. The request for additional physical therapy is recommended for non-certification.