

Case Number:	CM13-0064139		
Date Assigned:	01/17/2014	Date of Injury:	02/14/2013
Decision Date:	05/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/11/2013

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:

This is a 56-year-old female with a reported work-related injury on 02/14/2013, and the mechanism of injury occurred while the injured worker was carrying objects and twisted the left knee. The diagnosis was internal derangement of the knee. Following the injury, the injured worker reported that left knee pain became severe, and she started taking Tylenol as needed for pain. X-rays were reportedly taken, but the date and findings were not provided. An official MRI of the left knee without contrast on 03/19/2013 revealed a subchondral fracture at the weightbearing surface of the medial femoral condyle with adjacent bone edema. There was also a small knee joint effusion with a Baker's cyst. As of 07/15/2013, the injured worker had reportedly completed 6/12 physical therapy visits. On 11/25/2013, an office visit note reported that the injured worker had returned to physical therapy with continued complaints of left knee pain. The pain was associated with weightbearing or pivoting. On physical exam, the physical therapy included aggressive, nonweightbearing strengthening of the hip and leg with emphasis on pain-free motion. Total therapeutic exercise time was 1 hour, and the treatment included ice and pneumatic compression to the knee for 20 minutes to reduce swelling. The assessment was continued complaint of knee pain associated with weightbearing, pivoting or squatting, and the plan was to continue the physical therapy for the knee as well as range of motion and strengthening exercises as tolerated. A request for authorization was received on 11/12/2013 for physical therapy 2 times a week for 4 weeks for a total of 8 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) P.T. SESSIONS 2 X 4 QTY: 8.0: 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 MEDICINE Page(s): 98-99.

Decision rationale: The California MTUS Guidelines indicate that 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. Guidelines recommend for myalgia and myositis, 9-10 visits over 8 weeks. The request for physical therapy sessions 2 times a week times 4 weeks for 8 sessions is non-certified. The guidelines do recommend active therapy as well as a home exercise program. The documentation submitted for review failed to provide any current significant functional impairments as well as the exact body part being addressed by physical therapy. Because there were no significant functional impairments identified as well as the exact body part focused on by physical therapy, the request is non-certified.