

Case Number:	CM13-0068378		
Date Assigned:	01/03/2014	Date of Injury:	02/21/2012
Decision Date:	06/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 expert 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 injured worker was a 44-year-old male who reported an injury on February 21, 2012. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated November 18, 2013 reported the injured worker complained of occasional stiffness, achiness, and pain and difficulty with bending and squatting activities of the right knee. The injured worker underwent a right knee diagnostic arthroscopy on July 8, 2013. Upon the physical exam, the provider noted findings of the right knee showing well healed arthroscopic portals and range of motion from 0 to 120 degrees with manual muscle testing at 4/5 in all planes. The provider noted the injured worker had been attending physical therapy sessions. The provider recommended for additional therapy twice a week for 6 weeks for an increase in functional deficits and a decrease in pain and weakness and loss of motion. The request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY (PT),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for 12 physical therapy sessions is non-certified. The clinical note dated November 18, 2013 reported the injured worker complained of occasional stiffness, achiness, and pain and difficulty with bending and squatting activities of the right knee. The injured worker underwent a right knee diagnostic arthroscopy on July 8, 2013. The California Post-Surgical Treatment Guidelines note post-surgical treatment of 24 visits over 10 weeks with a post-surgical physical medicine treatment period of 4 months. The request submitted had exceeded the post-op time frame of 4 months. However, the California MTUS Guidelines state 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. The guidelines also note active therapy requires an internal effort by the individual to complete a specific exercise or task. Guidelines recommend for neuralgia and myalgia 8 to 10 visits of physical therapy. There was lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Additionally, the request for 12 physical therapy sessions exceeds the guideline recommendations of 8 to 10 visits of physical therapy. Therefore, the request for 12 physical therapy sessions is not medically necessary.