

Case Number:	CM13-0071048		
Date Assigned:	01/08/2014	Date of Injury:	06/09/2008
Decision Date:	11/06/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgeon and is licensed to practice in Texas and Colorado. 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 is a 31-year-old male who reported an injury on 06/09/2008 due to an unknown mechanism. Diagnoses were status post arthroscopic procedure of both knees. Physical examination, dated 09/16/2013, revealed complaints of pain in the right knee when going up and down stairs. There were also complaints of knee problems after excessive walking. It was reported that the injured worker had a total of 12 physical therapy treatments from 07/24/2013 through 09/03/2013. The injured worker was treated with moist heat, ultrasound, passive/active/resistive exercises, balance training, manual therapy, and ice. The injured worker reported overall increased range of motion and soft tissue relaxation, but continued to complain of pain. Objective findings revealed within normal limits for range of motion. The injured worker was encouraged to continue the treatment plan of emphasizing functional soft tissue relaxation and stability, 2 times a week for 4 to 6 weeks. It was reported that this was a progress note from physical therapy, dated 09/03/2013. The provider did note that he thought the injured worker could use more physical therapy to improve his situation. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 8-12 additional sessions 2 x week for 4-6 weeks) Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy 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. Treatment is recommended with a maximum of 9 to 10 visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. 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 in functional activities with assistive devices. It was not reported that the injured worker was participating in a home exercise program. There was no physical examination for the injured worker noted on the progress report, dated 09/16/2013. It was reported that the injured worker had overall increased range of motion and soft tissue relaxation, but complained of continued pain. Medications for the injured worker were not reported. Based on the lack of documentation detailing a clear indication for Physical Therapy 8-12 additional sessions 2 x week for 4-6 weeks) Right Knee, this request is not medically necessary.