

Case Number:	CM13-0071440		
Date Assigned:	01/08/2014	Date of Injury:	04/28/1999
Decision Date:	04/25/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/27/2013

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 Surgery and is licensed to practice in Texas. 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 patient is a 66-year-old female who reported an injury on 04/28/1999. The mechanism of injury was not provided for review. The patient reportedly injured multiple body parts. The patient's treatment history included bilateral knee surgery, bilateral carpal tunnel release, physical therapy, acupuncture, and multiple medications. The patient's most recent clinical evaluation documented that the patient had slow, assisted gait with bilateral knee tenderness and decreased range of motion. The patient's diagnosis included osteoarthritis, depression, chronic pain, bilateral knee pain, and myalgia/myositis. The patient's treatment plan included continuation of medications, physical therapy, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the right knee, 2 times a week for 4 weeks as an outpatient:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Summary of Recommendations Table 2.

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

Decision rationale: The requested additional physical therapy for the right knee, 2 times a week for 4 weeks as an outpatient, is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient has previously participated in physical therapy. The patient should be well-versed in a home exercise program. There are no barriers noted within the documentation to support that the patient cannot participate in a home exercise program. As there is no documentation that the patient is participating in a home exercise program, 1 to 2 visits may be appropriate for this patient to re-educate and re-establish a home exercise program. However, the requested 8 additional physical therapy visits would be considered excessive. As such, the requested additional physical therapy for the right shoulder, 2 times a week for 4 weeks as an outpatient, is not medically necessary or appropriate.