

Case Number:	CM14-0001096		
Date Assigned:	01/22/2014	Date of Injury:	05/07/2012
Decision Date:	05/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/03/2014

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 Neurology, has a subspecialty in Neuromuscular 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 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 41-year-old man who sustained a work-related injury on March 07, 2012. Subsequently, the patient developed right knee and ankle pain. The patient was diagnosed with right ankle chondromalacia and underwent diagnostic arthroscopy, partial synovectomy, and Final Determination Letter for IMR Case Number CM14-0001096 3 chondroplasty followed by 42 postoperative physical therapy sessions. He also underwent right knee arthroscopy followed by 12 postoperative physical therapy sessions. According to the notes from November 11, 2013, his physical examination demonstrated weakness to the knee. Extension and flexion was at 4/5, and there was medial joint line and patellofemoral joint tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: According to the California MTUS guidelines, active therapy is beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. This form of therapy may require supervision from a therapist or medical provider,

but patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Furthermore, active therapy should be undertaken with the understanding that frequency of outpatient care will taper, and the patient will eventually transfer completely to a home-based, self-directed active therapy regimen. In the case of this patient, he has already completed 54 sessions of physical therapy. At this point in his course of care, he should be well versed in a home exercise program. There is no clear justification for and/or benefit from additional physical therapy sessions. Therefore, the request is not medically necessary.