

Case Number:	CM14-0002282		
Date Assigned:	01/24/2014	Date of Injury:	08/17/2011
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 21 year old female with a date of injury 8/17/11, with related pain and stiffness in the right knee. She was diagnosed with right knee sprain and strain with possible internal derangement. Per the 11/19/13 progress report, she complained of the knee locking and the feeling of it giving way. There is popping and grinding in both knees and she experiences buckling episodes. She has lost her balance as a result of the buckling. The knees are slightly swollen and the pain radiates down to the calves. She has episodes of swelling in the knees. She is unable to kneel and squat. She has difficulty ascending and descending stairs and walks with an uneven gait. Examination of the right knee showed tenderness to palpation over the medial and lateral joint line. There was pain to varus and valgus stressing. McMurray's testing was positive on the right. Flexion was at 105 degrees and extension was at 5 degrees. MRI of the right knee dated 10/4/11 showed focal bone bruising within lateral femoral condyle along the lateral joint line. Treatment to date has included injection, crutches, medication management, and physical therapy. The date of UR decision was 12/9/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES WEEKLY, FOR SIX (6) WEEKS, FOR RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical medicine guidelines state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks." The Official Disability Guidelines (ODG), Physical Therapy Guidelines states, "There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." Additionally, the ODG recommends for dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella, medical treatment: 9 visits over 8 weeks, post-surgical (Meniscectomy): 12 visits over 12 weeks. In this case, though the injured worker has had a course of physical therapy in the past (2011), this request represents a new course and as such is subject to a six-visit trial to allow for assessment of the injured worker's clinical and functional response prior to subsequent therapy treatment. The additional visits were not justified by identification of exceptional factors of circumstances. Therefore, the request for physical therapy twice a week for six weeks for the right knee is not medically necessary and appropriate.