

Case Number:	CM14-0004456		
Date Assigned:	02/05/2014	Date of Injury:	05/06/2012
Decision Date:	06/23/2014	UR Denial Date:	01/01/2014
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 43 year old female who reported an injury on 05/06/2012. She was actively participating in physical therapy status post right knee arthroscopy on 07/17/2013. A physician's progress report dated 01/30/2014 noted the injured worker's symptoms were improved and were localized to the right knee and leg. She continued to use a brace daily. The injured worker had mild thigh muscle atrophy, active range of motion was to 120 degrees with flexion, and there was mild atrophy of the quadriceps with strength rated 4/5. Sensation was intact. The provider noted the injured worker underwent medial patellofemoral ligament reconstruction on 07/17/2013. Diagnoses included sprain and strain unspecified site knee and leg. The treatment plan included the use of kneehab, exercise, heat, ice and compression modalities, home exercise program and physical therapy. A request for authorization for medical treatment was not included with this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL MEDICINE PROCEDURE (ADDITIONAL 12 SESSIONS OF PHYSICAL THERAPY FOR 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 98-99. Page(s): 98-99.

Decision rationale: The request for physical medicine procedure (additional 12 sessions of physical therapy) is non-certified. The CA MTUS Chronic Pain Medical Treatment guidelines note 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 physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend 9-10 visits over 8 weeks. The injured worker underwent surgical intervention on 07/17/2013. The injured worker has had at least 18 sessions of physical therapy and the request for an additional 12 sessions would exceed the guideline recommendations. The documentation fails to indicate functional deficits. Therefore, the request is not medically necessary and appropriate.