

Case Number:	CM14-0007386		
Date Assigned:	02/10/2014	Date of Injury:	05/13/2012
Decision Date:	08/04/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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:

This is a 61-year-old female with a date of injury of 5/13/12. The mechanism of injury was due to a fall at work. She sustained an injury and is being treated for osteoarthritis of the knee and low back pain. On 12/10/13 the patient complained of left knee pain with radiating pain to the thigh and lower leg. She also complained of swelling and stiffness of the knee with joint tenderness, and weakness in the bilateral lower extremities secondary to pain and favoring the right leg. On exam there was tenderness over the sacroiliac joints on the left, and joint tenderness noted to the left knee. The diagnostic impression is osteoarthritis of lower leg, and lumbago. Treatment to date: medication management, physical therapy. A UR decision dated 12/31/13, denied the request for physical therapy for the left knee. The documentation stated the patient reportedly completed 24 sessions of physical therapy and was discharged in July 2013. Physical exams do not identify any findings that would prevent the patient from participating in a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines, Allow for fading of treatment frequency. However, it was noted that the patient completed 24 sessions of physical therapy and was discharged on 7/13. It is unclear as to why the patient is unable to transition to a home exercise program. In addition there was no documentation of functional improvement due to the physical therapy sessions completed. Therefore, the request for 6 Session of Physical Therapy for The Left Knee is not medically necessary.