

Case Number:	CM14-0009685		
Date Assigned:	03/03/2014	Date of Injury:	04/19/2012
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/24/2014

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, has a subspecialty in Pain Management, 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 patient with a date of injury of April 19, 2012. A physical therapy progress note dated February 11, 2014 indicates that the patient has undergone nine visits. The note indicates that the patient had been to therapy until November 2013 with good results. Short-term goals include 25% increased strength. A progress report dated February 27, 2014 identifies that the patient has gone to physical therapy after knee surgery, but more recently physical therapy has been denied. Physical examination identifies full active and passive range of motion, no capitation, minimal lateral patellar facet tenderness, and negative orthopedic special tests. Diagnoses include status post left knee ACL reconstruction, and mild to moderate osteoarthritis of the lateral compartment and patellofemoral compartment. The treatment recommendations state that the patient has previously undergone two steroid injections with little improvement and is an excellent candidate for highly erosive acid injections and possibly platelet rich plasma injections. In addition, low impact aerobic exercise and weight loss may be beneficial. A progress report dated January 18, 2014 states that exercising worsens his pain, and identifies that past treatments have included physical therapy, a steroid injection, surgery, and a home exercise program. Physical examination identifies crepitus with range of motion testing, tenderness, and atrophy of the left leg. A progress report dated September 7, 2013 indicates that the patient has previously undergone physical therapy and has responded well. A physical therapy initial evaluation dated October 21, 2013 reveals left knee range of motion of 5-120° with a reduced strength in both hips and the left knee. The physical therapy progress note dated February 11, 2014 shows a similar range of motion with reduced strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, KNEE COMPLAINTS , 337-338

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Official Disability Guidelines (ODG) have more specific criteria for the ongoing use of physical therapy. The ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many physical therapy sessions the patient has undergone thus far. It appears the patient has undergone at least nine therapy sessions for this diagnosis. Additionally, although it is acknowledged that the requesting physician has stated that the patient has responded well to previous physical therapy efforts, there is no documentation indicating how much objective functional improvement has been obtained by physical therapy. In fact, the patient notes that his pain gets worse with exercise. The most recent physical therapy note seems to indicate that the patient has not progressed at all since the physical therapy course was initiated. Furthermore, the requesting physician indicates that the patient is unable to perform exercises at home to address the loss of strength and decreased range of motion. It is unclear why this is the case. An at-home application of an exercise program, including resistance bands, can significantly improve quad strength, reduce atrophy, and stretching can improve range of motion. In the absence of clarity regarding these issues, the currently requested additional physical therapy is not medically necessary.