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| Case Number: | CM14-0104629 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 06/14/2005 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 07/03/2014 |
| Priority: | Standard | Application Received: | 07/07/2014 |

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 Physical Medicine and Rehabilitation 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 injured worker is a 52-year-old male who reported an injury on 06/14/2005. The mechanism of injury was not provided within the medical records. The clinical note dated 06/06/2014 indicated diagnoses of pain in joint, lower leg, right; muscle ligament fascia disorder, right; patellar tendonitis, right. The injured worker reported right knee pain rated 5/10, described as stabbing and intermittent. The injured worker reported locking and stiffness, and reported the symptoms gradually worsened. The injured worker reported difficulty falling asleep and awakening during the night. The injured worker reported alleviation of pain occurred with heat and ice. The provider noted MRI and x-ray did not show any significant pathology. The injured worker reported he had been doing quite a bit of limping because of knee pain, and the injured worker reported his left knee was a little more swollen. The injured worker reported tenderness along the right leg laterally. On physical examination, the injured worker had severe tenderness to palpation to the proximal IT band, middle IT band, and distal IT band of the right thigh. The examination of the right knee revealed moderate tenderness at the patellar tendon; range of motion of the knee was normal. The McMurray's test was normal; Lachman's sign was negative; anterior drawer sign was negative; the posterior drawer sign was negative. The injured worker's physical therapy was modified on 07/03/2014 for 6 sessions. The injured worker's treatment plan included follow up in 6 weeks, compound prescriptions, and physical therapy. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for physical therapy and compound cream. A Request for Authorization dated 06/06/2014 was submitted for physical therapy; however, a rationale was not provided for review and a Request for Authorization dated 06/11/2014 was submitted for compound cream; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, 48.

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

Decision rationale: The California MTUS states that 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The amount of physical therapy visits that have already been completed for the knee is not indicated, as well as the efficacy of the prior therapy. In addition, the request did not indicate a body part for the physical therapy or a timeframe. Furthermore, an additional 12 sessions is excessive. Therefore, the request is not medically necessary.