

Case Number:	CM14-0107657		
Date Assigned:	08/01/2014	Date of Injury:	07/24/2011
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 26-year-old female who reported a heavy blow to the left knee on 07/24/2011. In 03/2012, she underwent an arthroscopy of her left knee to remove cartilage. On 12/19/2013, both acupuncture and physical therapy were requested. It is unclear from the submitted documentation if this worker ever had physical therapy for her left knee and if so how many treatments or how long the treatments lasted. On 06/05/2014, she presented with complaints of chronic, moderate pain in her left knee around the patella. She rated her pain at 7/10 with numbness and tingling of the left knee. Her diagnoses included left knee contusion, history of chondromalacia of the patella, and status post left knee arthroscopy with residuals. There was no rationale submitted in her chart. An undated Request for Authorization was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 1x4 left knee: Upheld

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

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

Decision rationale: The request for physical therapy 1 times 4 the left knee is not medically necessary. The California MTUS Guidelines recommend active therapy which is indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. 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. Although physical therapy was requested in 12/2013, it was unclear from the documentation submitted if this worker had ever participated in physical therapy and if so, how many physical therapy treatments she participated in over what period of time. Furthermore, there was no documentation of any functional gains or reduction in pain from the physical therapy she may have participated in. The recommendations and treatment plan on 05/08/2014, was that she was advised on performing home therapeutic exercises for range of motion and strengthening. The clinical information submitted fails to meet the evidence-based guidelines for physical therapy. Therefore, this request for physical therapy 1 times 4 for the left knee is not medically necessary.