MAXIMUS Federal Services

Case Number:	CM14-0108059		
Date Assigned:	09/16/2014	Date of Injury:	08/27/2002
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
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, 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 August 27, 2002. A utilization review determination dated June 24, 2014 recommends noncertification for 12 physical therapy sessions for the right knee. The request was modified to certify 6 physical therapy sessions for the right knee to allow for a trial. A progress report dated April 3, 2014 identify subjective complaints implying pain in the knees, neck, back, both hips, left shoulder, left elbow, and left wrist. The patient uses a cane and a knee brace on the left, and will be obtaining a knee brace on the right. Hyalgan injections were denied. Physical examination findings reveal tenderness along the rotator cuff and loss of motion in the left shoulder. Diagnoses include internal derangement of the knee on the right, internal derangement of the knee on the left, injury related to a fall involving the right wrist, neck, low back, left elbow, and left shoulder. The treatment plan recommends a high organic injection, knee brace, medications, and lab work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines and Physical therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for physical therapy, 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. ODG has more specific criteria for the ongoing use of physical therapy. 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. ODG recommends 9 physical therapy treatments for articular cartilage disorders and arthritis, meniscal injuries, and 12 sessions for cruciate ligament injuries. Within the documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the amount of PT recommended by the ODG as a trial and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.