

Case Number:	CM14-0013690		
Date Assigned:	02/26/2014	Date of Injury:	01/20/2006
Decision Date:	07/11/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 patient is a 57-year-old female who has submitted a claim for lower leg joint pain, unspecified internal derangement of knee, and knee sprain/strain associated with an industrial injury date of January 2, 2006. The medical records from 2013 were reviewed. Submitted medical records lack subjective and objective data. Some of them were handwritten and illegible. Previous utilization review dated January 16, 2014 state that the patient complained of bilateral knee pain. The pain was exacerbated by prolonged sitting, prolonged standing, lifting, twisting, driving, lying down, and bearing down. It was relieved by stretching and medications. Physical examination revealed an obese female. Tenderness on the medial joint lines of both knees were noted. Range of motion of both knees was normal. Motor strength and sensation was intact. Imaging studies were not available. The treatment to date has included medications, home exercise program, and activity modification. A utilization review, dated January 16, 2014, denied the request for additional physical therapy 2 times weekly for 4 weeks, bilateral knees per DWC form dated 12/31/13 because information provided does not evidence outcome from initial course of physical therapy for the knees and cited guidelines for medical necessity were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 TIMES WEEKLY FOR 4 WEEKS, BILATERAL KNEES PER DWC FORM DATED 12/31/13 QTY: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. 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. In addition, 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. In this case, there was no documentation regarding previous physical therapy sessions on both knees. Medical records, especially with regards to both knees, were lacking. Progress reports were insufficient to establish necessity for the said treatment. There was no description regarding objective benefits derived from past sessions or a treatment plan with defined functional gains and goals. It was also not documented why additional physical therapy of both knees was needed. Therefore, the request for ADDITIONAL PHYSICAL THERAPY 2 TIMES WEEKLY FOR 4 WEEKS, BILATERAL KNEES PER DWC FORM DATED 12/31/13 QTY: 8.00 is not medically necessary.