MAXIMUS Federal Services

Case Number:	CM14-0113221		
Date Assigned:	08/01/2014	Date of Injury:	10/28/2012
Decision Date:	10/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 Texas. 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 55 year old female who sustained an industrial injury on 10/28/2012. She is diagnosed with left knee strain, MCL strain. X-rays of the bilateral knees, non-weightbearing, reveals bilateral osteoarthritic change, right more than left. According to the 6/18/2014 PR-2, the patient complains of left knee pain with prolonged walking and standing for prolonged periods. Objective examination of the left knee reveals medial joint line tenderness, pain on flexion, and limited squating with pain. Treatment plan is to continue current meds and PT 2x wk x 3 weeks. Work status is return to full duty on 6/18/2014. According to the 7/24/2014 PR-2, the patient complains of having throbbing pain in the left knee for the past two days due to change in the weather. Pain with prolonged standing, and notes increased warmth in the left knee. Objective findings reveal active ROM is full, tenderness of medial joint line and normal gait. Diagnoses are left knee strain, MCL strain, and left knee meniscal tear. Treatment plan is Norco, continue current meds, and PT x 6. Work status is return to full duty on 7/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive therapy.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. This patient is more than 1.5 years post date of injury to the left knee. She has undergone an unknown number of PT sessions to date, and there is no documentation regarding her response to the previously rendered therapy. Given the remote date of injury and minimal findings on examination, at this juncture the patient should be well versed in an HEP. The medical records do not indicate why the patient is unable to utilize the instructions gained from her prior course of therapy and actively perform an independent home exercise program to maintain function and prior gains. The medical records do not establish this patient has presented with a new injury or clinically significant exacerbation unresponsive to self-care measures, as to indicate a needed for short-term return to attended care. The medical necessity of the request for additional PT is not established.