

Case Number:	CM14-0117282		
Date Assigned:	08/06/2014	Date of Injury:	09/28/2011
Decision Date:	09/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/25/2014

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 59-year-old-male, who sustained industrial injury on 09//28/11. There was no record of mechanism of injury. Patient is currently keeping up with his therapy, but still complains of pain in his knee. He reports that his medications are helpful. The patient has had left knee arthroscopy performed on 05/09/14 and he completed 24 physical therapy treatments. There was no evidence submitted of functional improvement towards functional restoration following completion of 24 physical therapy treatments. On 07/28/2011, an additional request for chiropractic therapy 2x/week x6weeks, regarding the left knee was requested. Medications also requested were Tramadol, Omeprazole, and Ibuprofen. Physical examination of the patient's knee shows that he extends it to level plane. Flexion is 110 degrees. The patient has weakness of quadriceps musculature rated 4+ out of 5+. The patient's sitting straight leg raising is negative. Homan's test is negative. The patient has normal tibiofemoral rotation. The patient does have a positive patella compression test along with crepitation. Joint line tenderness is worse medially than laterally. Impression: The patient is slowly recovering from his left knee arthroscopic surgery. The patient's emphasis should be on functional restoration for him until he gets his normal quadriceps strength back. Oral medications are to be maintained on an as needed basis. Diagnoses are status post left knee arthroscopy; unspecified internal derangement of knee, pain in joint, ankle and foot; pain in joint, lower leg; pain in the limb. Request for Physical Therapy 2x5(10) aggressive strengthening quad program as well as balance/gait training were denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x5 (10) (aggressive strengthening quad program as well as balance/gait training): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, physical therapy.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98 and on the Non-MTUS Official Disability Guidelines (ODG) Knee, Physical therapy. The Expert Reviewer's decision rationale: As per CA MTUS guidelines, "Physical medicine 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." As per ODG guidelines, "Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, there is limited information as to the any significant improvement in objective measurements with previous PT." Also, at this juncture, this patient should be well-served in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits per guidelines. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.