

Case Number:	CM14-0140726		
Date Assigned:	09/10/2014	Date of Injury:	05/31/2013
Decision Date:	11/05/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/29/2014

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 Emergency Medicine 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:

Patient reported date of injury of 5/31/2013. No mechanism of injury was provided for review. Patient has a diagnosis of low back sprain, R knee complex medial meniscus tear, chondromalacia or patella and medial tibial plateau type 1, L knee posterior horn medial meniscus complex tear and L knee chondromalacia patella. Patient is post R knee arthroscopy on 5/1/14 and L knee arthroscopy on 7/25/13. Medical reports reviewed. Last report is available until 8/14/14. Patient complains of low back pain and bilateral knee pain. Patient is using crutches for ambulation. Objective exam reveals low back tenderness to lumbosacral spine. Decreased range of motion (ROM) to back. R knee reveals minimal swelling with no effusion. Slight tenderness to medial joint space. Negative anterior and posterior drawer sign. There is no mention of physical therapy by the orthopedists. A progress note dated 8/14/14 from physical therapy was provided for review. It records 12 sessions had been completed. It notes slow progress with decreased range of motion, improvement in pain by 25-50% and increase in strength by 50%. No medication list was provided for review. Independent Medical Review is for additional physical therapy 3/week for 4weeks (12total) of R knee. Prior UR on 8/21/14 recommended partial certification to 6additional visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times per week for 4 weeks, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: As per MTUS Chronic pain guidelines, physical therapy may be recommended under certain criteria. For patient's pain, physical therapy (PT) may be beneficial in improving pain and mobility. There is no mention of home physical therapy or exercise. While PT may be beneficial in short term, continued home exercise and activity is needed for maintenance of improvement. As per MTUS Chronic pain guidelines, it recommends fading frequency from 3 sessions per week to 1 per week. MTUS post-surgical guidelines also recommend a maximum of 12 PT sessions which the patient has already completed. There is no documentation as to why 3 sessions per week was needed. Such intensity is not needed if patient performs home PT sessions. Documentation provided shows slow progress. While additional PT may be needed, the intensity requested and number of additional PT sessions does not meet guidelines. Additional physical therapy is not medically necessary.