

Case Number:	CM14-0145774		
Date Assigned:	09/12/2014	Date of Injury:	10/09/2012
Decision Date:	12/12/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/09/2014

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 & Rehabilitation, and is licensed to practice in Arizona and 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 51-year-old female who reported an injury on 10/09/2012 due to an unknown mechanism. The diagnoses were contusion, right knee; anterior cruciate ligament sprain, right knee; chondral fissuring, lateral patellar facet (MRI 11/20/2012); internal derangement, right knee; status post right knee arthroscopy on 01/16/2014. Physical examination on 07/08/2014 revealed complaints of intermittent pain and discomfort in the right knee that the injured worker described as aching in nature associated with numbness and tingling. The injured worker had difficulty with prolonged sitting and walking, as well as squatting, stooping, lifting, pushing, and pulling anything over 20 pounds. The injured worker reported her pain as 6/10. It was reported that the injured worker had completed 12 postoperative physical therapy visits and had 12 more visits left. It was reported that the physical therapy had been beneficial and that she felt ready to return to some form of modified work after completing 8 of the 12 visits of physical therapy. It was recommended by the provider that the injured worker continue and complete the remaining physical therapy sessions to the right knee to continue to improve muscle strength and range of motion. It was reported that the injured worker was taking Motrin 800 mg on a daily basis for pain and inflammation. The injured worker was given a prescription for Vicodin for extreme pain. Treatment plan was to take medications as prescribed and to continue with the remaining physical therapy sessions directed to the right knee. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Pt) Two Times A Week For Three Weeks (2 X 3) For Right Knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The decision for therapy (PT 2x3) right knee is not medically necessary. The California Medical Treatment Utilization Schedule states that active therapy is based on philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Reasons why a home exercise program could not be continued for further gains were not reported. The clinical information submitted for review does not provide evidence to justify therapy (PT 2x3) for right knee. Therefore, the request for Physical Therapy is not medically necessary.