

Case Number:	CM14-0151004		
Date Assigned:	09/19/2014	Date of Injury:	10/06/2009
Decision Date:	11/14/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 47year old man with a work related injury dated 10/6/09 resulting in chronic knee pain. The patient has been treated in the past with pain medication and left knee arthroplasty on 2/12/10. The patient was evaluated by the primary treating orthopedist on 8/13/14. At this time he complained of constant, anterior knee pain with episodes of instability. The exam showed painful range of motion with tenderness at the lateral joint line and medial joint line. The orthopedic tests were negative. The diagnosis was left knee chondromalacia. The plan of care included physical therapy twice a week for 4 weeks with manual therapy, gait training and neuromuscular reeducation. Under consideration is the medical necessity of the physical therapy 2x/week for 4 weeks denied by utilization review on 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy 2 times a week for 4 weeks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines; physical therapy. Decision based on Non-MTUS Citation ODG Knee & Leg (updated 08/25/2014) Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 98 99.

Decision rationale: According to the MTUS passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Active therapy 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. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. Physical Medicine Guidelines state that it should be allowed for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case the patient has chronic pain with a history of surgery in the distant past. He is no longer in the acute phases of pain treatment and could be treated with a home exercise program.