

Case Number:	CM14-0167899		
Date Assigned:	10/15/2014	Date of Injury:	11/23/2009
Decision Date:	12/26/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/13/2014

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, has a subspecialty in Pain 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:

This is an injured worker with a date of injury of 11/23/2009. Per the Primary Treating Physician's Progress report dated 08/21/2014, she reported pain in the knees with a burning sensation, and sharp pain in the bilateral hands when moving her fingers. Objective examination revealed pain, stiffness, limited range of motion and a limping ambulation. X-rays of the bilateral knees and bilateral tibia showed no increase in osteoarthritis. X-rays of the cervical spine showed cervical lordosis and x-rays of the bilateral hands and wrists showed no progression of degenerative changes. The plan of care included physical therapy and medication management. An ultrasound guided cortisone injection to the right wrist was performed. A progress note dated April 17, 2014 states that the patient has only "completed 12 sessions of physical therapy since her surgery." The note goes on to indicate that the patient underwent knee surgery on November 15, 2013. The patient has a diagnosis of a bucket handle tear in the meniscus and knee pain. A progress report dated February 20, 2014 indicates that the patient's range of motion has increased by 10% and pain has decreased by 15%. On 09/08/2014, Utilization Review non-certified a prescription for Physical Therapy (PT) 3 x 4 (12 sessions) for bilateral wrists, bilateral knees and cervical spine. The PT was non-certified based on lack of medical necessity and lack of functional improvement with prior PT. The Guidelines used were not provided in this documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 (12 sessions) for bilateral wrists, bilateral knees and cervical spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 12 therapy visits over 12 weeks for the treatment of a bucket handle tear of the meniscus following surgery. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining objective deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.