

Case Number:	CM14-0175544		
Date Assigned:	10/28/2014	Date of Injury:	07/03/2014
Decision Date:	12/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 48-year-old male who reported injury on 07/03/2014. Reportedly when the injured worker got off the floor lift he tripped and fell and hurt his left knee. The injured worker's treatment history included studies, x-rays of the left knee, and physical therapy. Injured worker was evaluated on 08/25/2014 and it was documented the injured worker complained of pain in the left knee. The injured worker had attempted 3 physical therapy visits to date. An examination note shows swelling with redness of the medial and lateral joint lines, decreased range of motion, of 5 to 90 degrees with 1+ valgus instability, and a positive McMurray's. x-rays of the left knee revealed widening at the lateral tibial plateau with possible compression fracture. The treatment plan was for steroid injection and physical therapy. The Request for Authorization dated 08/07/2014 was for 12 additional physical therapy visits for the left knee 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional physical therapy visits for the left knee 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The California MTUS state that 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. 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. The guidelines recommend up to 10 visits of physical therapy. The injured worker are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation submitted for review indicated the injured worker has already had 6 PT visits to allow for functional improvement and/or decrease in pain, education and prescribed self-administered program and assessment of compliance. However, the provider failed to indicate the outcome measurements of that therapy. In addition, the request for 12 additional sessions exceeds the guideline recommendations. As such, the request for 12 additional physical therapy visits for the left knee 2 times a week for 6 weeks is not medically necessary.