

Case Number:	CM14-0023400		
Date Assigned:	06/20/2014	Date of Injury:	07/22/2004
Decision Date:	07/28/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/25/2014

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 and is licensed to practice in Illinois. 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 52 year-old female who reported an injury on 07/22/2004. The mechanism of injury was not provided within the medical records. The clinical note dated 03/31/2014 indicated diagnoses history of industrial injury to the left knee, previous history of a left knee arthroscopy with ACL reconstruction in 2005, history of a right knee arthroscopy on 04/20/2007, MRI studies on 03/16/2013 confirming absence of ACL graft with ganglion cyst and tibial bone osteolysis, and previous authorization for diagnostic and operative arthroscopy with bone grafting to the tibial tunnel. The injured worker reported pain along the medial surgical scar and reported instability. The injured worker reported difficulty with stairs. On physical examination, there was tenderness to the medial incision and hypersensitivity to the tibial tunnel. The injured worker had a positive anterior drawer and positive Lachman's, tenderness to patellofemoral articulation, with positive patellofemoral crepitation and grind. The injured worker's range of motion was 0 to 130. The injured worker's official physical therapy note dated 04/11/2014 indicated the injured worker returned to therapy and was re-evaluated for the left knee. The injured worker was able to complete all therapy with no difficulty. The injured worker completed modalities and therapeutic exercises per flow sheet. Prior treatments included diagnostic imaging, surgery, 12 prior sessions of physical therapy, and medication management. A request for authorization dated 11/14/2013 was submitted for physical therapy; however, a rationale was not provided for review. The provider submitted a request for additional physical therapy 2 times a week times 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2X/WEEK X6 WEEKS (LEFT KNEE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines states 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. The MTUS Guidelines note 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 is a lack of documentation including an adequate and complete physical exam demonstrating the injured worker had decreased functional ability, decreased range of motion, and decreased strength or flexibility. In addition, the amount of physical therapy visits that have already been completed for the left knee should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue exercises such as strengthening, stretching, and range of motion. As such, the request is not medically necessary and appropriate.