

Case Number:	CM14-0023611		
Date Assigned:	05/12/2014	Date of Injury:	12/02/2011
Decision Date:	07/10/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 Orthopedic Surgeon, Sports 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:

The injured worker is a 40-year-old female who reported a twist to her right knee on 12/02/2011. In the clinical note dated 01/30/2014, the injured worker complained of right knee pain. It was noted that the injured worker was status post partial knee replacement patellofemoral prosthesis on 04/24/2013. The injured worker was noted to have completed a total of 18 physical therapy visits but still felt weakness and some pain. The range of motion was noted at full extension through 137 degrees of flexion with minimal pain. It was noted that the injured worker experienced minimal weakness in the quadriceps muscles with tenderness along the medial capsular incision. An annotation of a physical therapy note dated 08/16/2013 states that the injured worker had a pain level of 4/10, was able to walk 10 to 20 minutes and sit the same amount of time and that the right knee flexion had improved from 95 degrees to 136 degrees on the right side. It was noted by physical therapy that they found that the injured worker could ambulate with 1 crutch and recommended continuation of therapy twice a week for the next 4 weeks. The diagnosis included status post right patellofemoral knee joint replacement. The treatment plan included the prescription of Anaprox as an anti-inflammatory, Prilosec, extra strength Tylenol, and topical analgesic cream. It was also recommended that the injured worker continue a course of physical therapy to help strengthen her right knee. It was noted she had been provided with 18 visits of therapy; however, the physician requested another 16 visits. It was noted that the injured worker was still using a cane for support on most days and that if the injured worker was not provided with an additional 8 visits of physical therapy, the injured worker should be provided with 6 months of a gym membership. The request for additional physiotherapy times 16, or additional therapy times 8, or 6 month gym membership for the right knee for the injured worker to regain good function with her knee was submitted on 02/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSIOTHERAPY X 16: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for additional physiotherapy times 16 are not medically necessary. The California MTUS Guidelines stated that physical medicine is recommended 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. The injured workers are instructed and expected to continue active therapies as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The frequency is 9 to 10 visits over 8 weeks with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In the clinical notes provided for review, it was annotated that the injured worker had already received 18 sessions of physical therapy with progress. The current request would exceed guideline recommendations. Also, the clinical notes lacked evidence of injured worker participating in home exercise therapy as recommended by the guidelines. Therefore, the request for additional physiotherapy times 16 are not medically necessary.

ADDITIONAL PHYSIOTHERAPY TIMES X 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for additional physiotherapy times 8 are not medically necessary. The California MTUS Guidelines stated that physical medicine is recommended 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. The injured workers are instructed and expected to continue active therapies as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance in functional activities with assistive devices. The frequency is 9 to 10 visits over 8 weeks with allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active

self-directed home physical medicine. In the clinical notes provided for review, it was annotated that the injured worker had already received 18 sessions of physical therapy with progress. Therefore, the request as submitted would exceed guideline recommendations. Also, the clinical notes lacked evidence of injured worker participating in home exercise therapy as recommended by the guidelines. Therefore, the request for additional physiotherapy time 8 is not medically necessary.

SIX (6) MONTH GYM MEMBERSHIP FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Gym Membership.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic), Gym memberships.

Decision rationale: The request for 6 month gym membership for the right knee is not medically necessary. The Official Disability Guidelines (ODG) state that gym memberships are not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment may not be covered under this guideline. Although temporary transitional exercise programs may be appropriate for injured workers who need supervision. In the clinical documentation provided for review, it was annotated that the injured worker had made progress in physical therapy. However, it was not documented if the injured worker was participating in a home exercise program. Furthermore, gym memberships are not recommended as a medical prescription because it cannot be monitored and administered by a medical professional. Therefore, the request for a 6 month gym membership for the right knee is not medically necessary.