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| Case Number: | CM14-0023732 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 12/25/2013 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 01/24/2014 |
| 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 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 52-year-old female who reported an injury on December 25, 2013. The mechanism of injury was noted to be a fall. The injured worker's prior treatments were noted to be physical therapy and cortisone injections. The injured worker's diagnoses were noted to be degenerative joint disease and incidental meniscus tear. The injured worker had an orthopedic evaluation on May 12, 2014. Her chief complaint was that her knee hurt. The physical examination noted medial joint line tenderness of the right knee. There was no evidence of locking or giving way. There was no instability. Motor strength was normal in quadriceps and hamstrings. The treatment plan was for a cortisone injection, as well as additional physical therapy. The provider's rationale for the request was provided within the documentation dated May 12, 2014. A request for authorization of medical treatment was not provided within the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 INITIAL PHYSICAL THERAPY FOR THE RIGHT KNEE 2 TIMES PER WEEK FOR 4 WEEKS, AS OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend physical medicine. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency (from up to three visits per week to one or less), plus active, self-directed home physical medicine. The physical medicine guidelines allow for nine to ten visits over eight weeks. The injured worker has had previous physical therapy although it is not noted the efficacy of the prior therapy. The evaluation does not document any measurable objective functional deficits. The examination fails to provide range of motion values. The examination also implies normal motor strength. The request for eight physical therapy visits in addition to the visits the injured worker has already used to gather are in excess of the guideline recommendations. Therefore, the request for Initial physical therapy for the right knee as an outpatient, twice weekly for four weeks, is not medically necessary or appropriate.