

Case Number:	CM14-0024388		
Date Assigned:	06/11/2014	Date of Injury:	12/15/2009
Decision Date:	08/01/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 54-year-old male who sustained a work related injury to the left knee on 12/15/09. The prior treatment consisted of medications (Norco and Flexeril), knee arthroscopy with meniscal and cartilage debridement on 11/11/13, and 12 sessions of postoperative physical therapy. Postoperative x-rays performed on 11/19/13 showed normally maintained joint space, no calcifications or bony abnormalities were identified. On 01/28/2014, the patient reported improvement in left knee pain with physical therapy but still had decreased range of motion (ROM). The plan was to continue physical therapy physical therapy and Celebrex was added. Work restrictions were given to include lifting/carrying no more than ten pounds and no excessive kneeling or squatting. The request for additional therapy twice a week for six weeks was denied on 2/11/14 as the patient had already completed twelve sessions and had good functional range of motion and strength.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS FOR THE LEFT KNEE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS guidelines, state that physical medicine 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. In this case, the injured worker received twelve physical therapy visits. However, there is no record of physical therapy progress notes to demonstrate progressive improvement in the objective measurements, i.e. pain, ROM, strength and function. Furthermore, the injured worker should have been transitioned to a home exercise program. Therefore, the request for physical therapy twice a week for six weeks for the left knee is not medically necessary and appropriate.