

Case Number:	CM14-0027620		
Date Assigned:	03/07/2014	Date of Injury:	05/11/2010
Decision Date:	05/27/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/16/2014

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 Preventative 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 patient is a 62-year-old female with a 5/11/10 date of injury, and 5/9/12 right knee arthroscopy. There is documentation of subjective findings of bilateral knee pain with swelling, popping, and giving way. Objective findings of tenderness to palpation over the anterior joint lines with guarding, restricted range of motion, myospasms over the hamstrings, swelling over the right knee, positive Apley's, and positive left hamstring tightness . Current diagnoses are status post right knee arthroscopy with partial lateral meniscectomy and chondroplasty and medial tracking of patella. Treatment to date include physical therapy. Medical reports identify a request for physical therapy twice a week for three weeks to improve range of motion and for strengthening as the patient's last sessions have expired prior to being scheduled and that physical therapy has helped improve pain in joints and range of motion. The number of previous physical therapy sessions cannot be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 3WKS FOR BILATERAL KNEES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical therapy (PT).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprain/strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of status post right knee arthroscopy with partial lateral meniscectomy and chondroplasty and medial tracking of patella. In addition, there is documentation of previous physical therapy treatments that helped improve pain in joints and range of motion. Furthermore, given documentation of subjective (bilateral knee pain with swelling, popping, and giving way) and objective (tenderness to palpation over the anterior joint lines with guarding, restricted range of motion, myospasms over the hamstrings, swelling over the right knee, positive Apley's, and positive left hamstring tightness) findings, there is documentation of functional deficits and functional goals. However, there is no documentation of the number of previous physical therapy sessions and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. The request for physical therapy twice a week for three weeks for the bilateral knees is not medically necessary and appropriate.