MAXIMUS Federal Services

Case Number:	CM14-0028380		
Date Assigned:	07/11/2014	Date of Injury:	08/30/2012
Decision Date:	08/11/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 61-year-old male who reported an injury on 08/30/2012 due to stepping down from a ladder and overextending his leg. On 01/27/2014, the injured worker presented with the ability to walk and stand for more prolonged periods of time due to physical therapy. Upon examination of the left knee, there was a well-healed arthroscopic portal noted with trace effusion and trace patellofemoral crepitation. Active range of motion of the left knee values were 5 degrees of flexion and contracture to 115 degrees of flexion. There was mild diffuse medial compartment tenderness and the calf was soft and tender. The diagnoses were left knee status post arthroscopic surgery with persistent flexion contracture. Prior therapy included physical therapy, surgery, and medications. The provider recommended physical therapy with a quantity of 12; the provider's rationale was not provided. The Request for Authorization Form was dated 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY 12: Upheld

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

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

Decision rationale: California MTUS Guidelines state 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. 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. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy, the efficacy of the prior therapy, and the amount of physical therapy visits that have already been completed. Additionally, injured workers are instructed and expected to continue active therapies at home. There was no significant barrier to transitioning the injured worker to an independent home exercise program. The provider's request does not indicate the site or frequency of the physical therapy visits in the request as submitted. As such, the request is not medically necessary.