

Case Number:	CM14-0033057		
Date Assigned:	04/30/2014	Date of Injury:	03/05/2013
Decision Date:	07/31/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/19/2014

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 Surgery, and is licensed to practice in Texas. 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 39 year old male who reported an injury on 03/05/2013. The mechanism of injury was a fall. The injured worker's current diagnosis is sprains and strains of unspecified site of knee and leg. The injured worker's previous treatments include physical therapy and medications. Within the most recent clinical note dated 03/20/2014, his symptoms included right knee pain. His physical examination findings included right knee range of motion at 0 to 130 degrees with crepitus at the patellofemoral joint. The treatment plan included a home exercise program. The current request is for additional physical therapy 2 times a week for 4 weeks to the right knee with rationale not provided. The Request for Authorization Form was provided in the medical records. (08/07/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, 2 TIMES A WEEK FOR 4 WEEKS TO THE RIGHT KNEE: Upheld

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

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

Decision rationale: The current request for additional physical therapy, 2 times a week for 4 weeks to the right knee is non-certified. According to the MTUS Chronic Pain Guidelines, 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. Patients are also instructed and expected to continue active therapies at home as an extension of treatment process in order to maintain improvement levels. Additionally, physical medicine is allowed for fading treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The treatment for neuralgia, neuritis, and radiculitis is 8 to 10 visits over 4 weeks. The physical therapy note dated 12/23/2013 indicated the patient had completed 20 visits of physical therapy. The clinical documentation provided for review showed that the injured worker had continued to have complaints of knee pain with decreased range of motion and crepitus. However, the patient was noted to have previously completed 20 sessions of physical therapy but the details of measurable objective functional gains made with the treatment were not provided to support additional therapy. The current request for additional therapy exceeds the guidelines recommendation. Therefore, the injured worker does not meet the criteria for additional physical therapy at this time but he would benefit from a home exercise program. As such, the request for additional physical therapy, 2 times a week for 4 weeks to the right knee is not medically necessary and appropriate.