MAXIMUS Federal Services

Case Number:	CM14-0036535		
Date Assigned:	06/23/2014	Date of Injury:	12/01/2006
Decision Date:	10/09/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 65 Y/O female with a date of injury on 12/1/2006. The mechanism of injury is unclear. She has been complaining of upper / lower back pain and left knee pain. She also complains of reduced ROM of the left lower extremity. Exam has revealed tenderness to palpation to the medial joint lines. Crepitus is also noted at patella. The records indicate that she received 3 steroid injections to the left knee in Aug. to Sept 2013. The MRI of 5/27/2011 has showed medial and lateral menisci tear. She is also noted to have left knee osteoarthritis involving medial and lateral compartments and patellofemoral joint. She underwent left knee arthroscopic surgery in 2009. The injured worker also received 6 physical therapy visits in Dec. 2013.Prior request for PT x 8 visits was denied on 2/26/14 due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine; Pass.

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

Decision rationale: As per CA MTUS guidelines, 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. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. In this case, there is no record of previous PT progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain and functional assessment to support any indication of more PT visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested 8 Physical therapy visits is not medically necessary according to the guidelines.