

Case Number:	CM14-0037956		
Date Assigned:	04/02/2014	Date of Injury:	05/18/2010
Decision Date:	05/08/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	04/01/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in. 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 40 year old male with date of injury 5/18/10. The treating physician report dated 9/9/13 indicates that the patient presents with chronic pain affecting the left knee. There is no diagnosis listed in the reports reviewed. There is a left knee MRI dated 9/3/13 that reveals peripatellar bursitis and scarred appearance of the medial collateral ligament. The utilization review report dated 3/13/14 states that the request is for physical therapy sessions, 2 times per week for 4-6 weeks for a total of 8-12 sessions for the left knee. The request was denied because the patient did not respond to the previous 10 sessions of PT that were authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

THERAPEUTIC EXERCISES: 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.

Decision rationale: The patient presents with chronic left knee pain and is status post left knee arthroscopy with synovectomy, plica resection and chondroplasty on 1/26/11 according to the utilization review report dated 3/13/14. The current request is for "Therapeutic Exercises."

Review of the treating physician report dated 9/25/13 states, "He has been medicating with Ibuprofen and participating in physical therapy and has not noticed any obvious gross improvement in his knee pain." Further review of the reports submitted dated 7/20/13, 7/23/13, 8/1/13 and 9/25/13 do not show any additional request for physical therapy or therapeutic exercises. The utilization review report states that the treating physician report dated 10/24/13, which was not included in the information provided, requested 8-12 sessions of PT. The MTUS guidelines allow 8-10 therapy visits. The patient received 12 PT sessions from 8/12/13 to 10/10/13 and the PT report dated 10/10/13 states, "Left knee pain is 4/10, patient has improved closed kinetic muscle control, patient has reached a plateau." The current request is for therapeutic exercises. Therapeutic exercises are always a part of physical therapy or chiropractic treatment. The request lacks the duration for therapeutic exercises and there is no rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for therapeutic exercises at this juncture. There is no reason why exercises cannot be performed at home. Recommendation is for denial.