

Case Number:	CM14-0047083		
Date Assigned:	07/02/2014	Date of Injury:	04/24/2007
Decision Date:	08/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/15/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 56-year-old female patient who sustained a work related injury on October 11, 2006 as a result of a fall down 8 steps after slipping, falling and landing on her knees. Per the patient's PR-2 dated 2/26/2014, she is doing better with her physical therapy and has stopped using a walker and has transitioned to utilizing a cane during prolonged walking. She has a complaint of cramping in the left lateral calf. She has been going to physical therapy twice a week and says it has been helping. The patient objective findings are illegible as the PR-2 is handwritten. A plain radiograph dated 11/13/2013 identifies 'severe narrowing of the medial compartment with subchondral sclerosis and flattening of the medial femoral condyle articular surface. Tricompartamental osteophytosis is seen.' She has a history of left knee arthroscopy on Mar 26, 2009 and right knee arthroscopy in mid-November of 2007. In dispute is a decision for additional physical therapy 3 X 4 left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 3 x 4 left 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 XX Pain Interventions and Treatments, page(s) 11-12, 98-99 Page(s): 11-12, 98-99. Decision based on

Non-MTUS Citation XX Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical medicine treatment.

Decision rationale: Physical Medicine (Therapy): In general it is recommended that active therapy was found to be of greater benefit than passive therapy. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In instances of articular cartilage disorder of the knee, 9 visits over 8 weeks are authorized via the ODG guidelines. Since the patient has had 10 visits documented from 2/4/2014 to 3/27/2014, the patient has had greater than the number of visits normally authorized. The request for Physical Therapy, Three Times A Week For Four Weeks is not medically necessary.