

Case Number:	CM14-0048545		
Date Assigned:	06/25/2014	Date of Injury:	02/16/2011
Decision Date:	07/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/28/2014

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 Pain Medicine and is licensed to practice in Florida and New York. 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 36 year old male who injured his left knee after a fall from a cart on February 16, 2011. Susequent to the injury, multiple surgeries to the left knee on 3/13/11, 3/11/12 and 7/9/13 are noted. The injured worker received post-operative therapy and was approved for twelve visits of aquatherapy on 4/4/14. It was noted that the injured had current complaints of knee pain and stiffness. However, there are no recent examination notes which describe strength and range of motion (ROM) measurements. The previous review dated 3/10/14 recommended non-certification in light of the paucity of documentation of examination findings and no support that additional therapy would be beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Pain, Suffering and the Restoration of Function Chapter, page 114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Medicine.

Decision rationale: The request for twelve additional physical therapy visits is not medically necessary. This is a 36 year old male who injured his left knee and went onto have multiple surgeries of the injured knee. The guidelines for therapy require abnormal examination findings and clear goals for requested therapy and a rationale as to why the injured worker cannot benefit from a home exercise program. In light of the paucity of documentation of examination findings there is no support that additional therapy would be beneficial. There is no indication why the injured worker cannot perform a self-directed home exercise program under his provider's supervision.