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| Case Number: | CM14-0057600 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 01/20/2014 |
| Decision Date: | 08/21/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 and Rehabilitation and is licensed to practice in Illinois. 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 26-year-old female who reported an injury on 01/20/2014 due to a slip and fall at work. The injured worker was diagnosed with contusion to the right knee and sprain to the right knee and provided a knee brace for the right knee, and gave Anaprox as a medication for pain. Prior treatments included 6 sessions of physical therapy. Diagnostic studies included an x-ray of the right knee and an MRI performed on 02/26/2014 indicated an oblique signal defect with inferior articular margin of the posterior horn. There was a small knee joint effusion noted as well. On 04/11/2014, the physician recommended the injured worker attend physical therapy. The physician's treatment plan was to instruct the injured worker on how to step with two crutches bearing weight on the right leg as well as with a single crutch as she became more comfortable in order to facilitate eventual weaning of the crutches. On 04/25/2014, the injured worker was diagnosed with right internal derangement, right tear medial meniscus of the knee, and sprain/strain of the right knee. On 05/23/2014, the injured worker observed grinding test was positive, swelling was +2, valgus stressing McMurray's test was positive, internal rotation right calf was supple, Homans' test was positive, and Thomas test was positive, and noted she was unable to squat or duck walk. The range of motion was limited due to pain. The injured worker's medication regimen included Vicodin and Cipro for symptoms of pain. Physical therapy sessions were done from 02/03/2014 until 03/07/2014 for a total of 11 sessions. The physician treatment plan included recommendations for physical therapy sessions to improve range of motion. The physician was requesting physical therapy 3 times a week for 2 weeks to the right knee. The physician recommended physical therapy to the right knee as the injured worker had decreased range of motion and strength. A request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for two weeks for 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 Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 3 times a week for 2 weeks for the right knee is non-certified. The California MTUS Guidelines recommend allowing for fading of treatment frequency of physical therapy from up to 3 visits per week to 1 or less, plus active, self-directed home physical medicine. The guidelines recommend 9 to 10 visits over 8 weeks. Physical therapy sessions were done from 02/03/2014 until 03/07/2014 for a total of 11 sessions. The injured worker has received physical therapy treatments since her injury with no improvement to pain and range of motion remains limited related to pain as noted on 04/11/2014. On that date, the physician had to demonstrate the use of crutches while bearing weight on the right leg. The request for an additional 6 physical therapy sessions exceeds the guideline recommendations. Within the provided documentation the requesting physician did not provide a recent complete assessment of the injured worker objective functional condition in order to demonstrate deficits for which therapy would be indicated. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior physical therapy. As such, the request is non-certified.