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| Case Number: | CM14-0057671 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 12/12/2012 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 04/02/2014 |
| 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, has a subspecialty in Interventional Spine 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 patient is a 62 year old female with the injury date of 12/12/12. The patient presents with pain in both of her knees. The patient presents Baker's cyst swelling and pain behind the knee, one noted on right versus left and ongoing stabbing sensations in the right kneecap with exercise program. There is tenderness and crepitus on grid test without subluxation. Active range of motion is 0-120 degrees. Homans sign is negative. Per 03/13/2014 progress report, the patient states that "her right knee is 'coming along', as she has days of 'no pain', but still struggles with the left knee, feeling a lot of clicking/popping and pain." Per 03/17/2014 progress report, the patient remains on temporary total disability. Diagnoses on 03/17/2014 were bilateral knee patellofemoral pain with mild lateral instability and a Baker's cyst; and status post bilateral knee arthroscopy. The utilization review determination being challenged is dated on 03/31/2014. Treatment reports were provided from 12/04/2013 to 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice a week for three weeks for the bilateral knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Passive Therapy.

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

Decision rationale: The request is for additional 6 sessions of physical therapy. Per 03/17/2014 progress report, the provider requested additional therapy for strengthening for patellofemoral alignment and tracking and to progress her recovery back to acceptable function. The review of the reports suggests that bilateral knee arthroscopy had occurred before 12/04/2013 and the current request for 6 sessions of therapy appears outside of post-surgical time-frame. For non-post-operative therapy treatments MTUS guidelines allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the patient has had at least 8 session of therapy between 12/31/2013 and 03/13/2014. There is no report as to how the patient has done except overall 30% improvement, and why the patient is not able to transition into a home exercise program. Furthermore, the current 6 sessions combined with at least 8 already received would exceed what is recommended per MTUS guidelines for therapy treatments outside of post-operative time-frame. Therefore, this request is not medically necessary.