MAXIMUS Federal Services

Case Number:	CM14-0057735		
Date Assigned:	07/09/2014	Date of Injury:	05/26/2006
Decision Date:	09/10/2014	UR Denial Date:	03/26/2014
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 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 60-year-old female who was injured on 05/26/2006. The mechanism of injury is unknown. The patient underwent left knee arthroscopic debridement of the medial meniscus tear on 10/04/2006. Prior medication history included Oxycodone, Amitriptyline, Fougera. Progress report dated 06/06/2013 states the patient reported constant continued diffuse left knee pain, increased with negotiating stairs, steps, and aldders, with kneeling, squatting and related activities. On examination of the bilateral lower extremities, there are left knee arthroscopic scars and spasticity in the right foot with the right foot positioned in a varus position, an obvious seizure residual. Diagnoses are left knee strain/sprain with meniscus tear. The patient was also recommended 12 sessions of physical therapy on note dated 03/25/2014. Progress report dated 01/29/2014 states the patient presented with neck pain rated as 6/10; low back pain, right knee pain rated as 8/10. She reported the knee gives out. She has left knee pain rated as an 8/10. On exam, she has pain with range of motion and tenderness to palpation. The patient was given a diagnosis of bilateral knee derangement and radiculopathy. On this note, the patient was recommended for 6 visits of chiropractic therapy as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical medicine procedure: 8 physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The MTUS guidelines clearly indicate that the performance of ongoing physical therapy intervention must demonstrate interim progress towards a functional goal. The documentation in this case fails to provide any clear indication over multiple visits that any significant progress was made during the prior course of treatment. Furthermore, the goal of physical therapy intervention is the progression of the patient to an independent home exercise program. This case fails to document any progress or any indication that the patient was on the way to establishing independence in a home program. The ODG further underscores the need for physical therapy to be used in a goal directed manner with progression to independence. Based on these guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.