

Case Number:	CM14-0059805		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2009
Decision Date:	08/12/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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 58-year-old male who reported an injury on 08/06/2009 when he was relocating a big rock and then felt his right knee give out from under him. Upon examination on 01/16/2014, the injured worker complained of right knee pain, swelling, loss of motion, numbness, tingling, and giving out. The pain was reported as being 8/10. The injured worker reported he never felt full relief from the surgery. The examination of the knee revealed reflexes are 2+ bilateral. The right knee had limited range of motion of the joints. The McMurray's test was positive. The Lachman's test was negative anterior and posterior drawer. The diagnoses were right knee pain and right medial meniscus tear, acute versus degenerative and right knee arthritis, medial compartment. Diagnostic studies included x-ray of the right knee that showed medial compartment narrowing, mild diffuse DG changes. Prior surgery included bilateral knee arthroscopies. The injured worker stated x-rays were done but they were negative. An MRI was ordered and the injured worker was told he had meniscus tear. Treatments included at least 4 physical therapy sessions, cortisone injections, ice and rest. The report on 06/23/2014 revealed the injured worker had ongoing low back pain. The injured worker stated it radiated to both lower extremities as well as bilateral knees. The injured worker's pain level was from an 8 to 10 without medications, to a 4/10 with medication, and down to a 3/10 with additional medication. Medications included Duragesic patch 25 mcg every 3 days, Norco 10/325 three times a day, Ambien 10 mg at night, Lexapro 10 mg two a day, blood thinners, and cardiac medications for atrial fibrillation. The Request for Authorization was not submitted within the documentation submitted for review. The rationale was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x wk x 4 wks right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical therapy.

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

Decision rationale: The injured worker has a past history of right knee pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that 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. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. Physical medicine guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend up to 12 visits. The injured worker has received 4 visits of physical therapy. The request is for an additional 8 visits of physical therapy. There is insignificant documentation as to the functional improvement from the physical therapy already received. As such, the request for physical therapy 2 times a week for 4 weeks right knee is not medically necessary.