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| Case Number: | CM14-0065315 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/27/2012 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 Pain Medicine 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:

This is a 52-year-old female who sustained a remote industrial injury on 03/27/12 diagnosed with lumbago and joint pain in the leg. Mechanism of injury is not specified in the documents provided. The request for physical therapy 2 x 4 to the right knee was non-certified at utilization review due to the lack of documentation of clear evidence of sustained benefit from the 16 completed physical therapy sessions and the lack of evidence of specific functional deficits to support the need for additional physical therapy sessions. The most recent progress note provided is 03/31/14. This progress report is handwritten and barely legible. It appears the patient complains primarily of right knee pain that is improving with physical therapy. Physical exam findings appear to reveal positive straight leg raise test, a positive patellar compression test, decreased range of motion, and tenderness in the right knee joint line. Current medications are not listed. It is noted that the treating physician is requesting additional physical therapy sessions. Provided documents include previous progress reports that reveal physical therapy as part of several of the treatment plans. The patient's previous treatments include at least 16 sessions of physical therapy, Toradol injections, injections of vitamin B12, right knee cortisone injections, and medications. Imaging/diagnostic studies are not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg Summary

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

Decision rationale: According to California MTUS guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Provided documentation notes that the patient has participated in physical therapy for the right knee in the past with improvement. However, the number of sessions completed and any functional improvement obtained as a result is not delineated, and the documents provided do not include any physical therapy notes from previous sessions. Further, the treating physician does not document limitations that would necessitate more physical therapy sessions over the patient continuing therapy in a safe home exercise program. Thus, medical necessity is not supported therefore the request for Physical Therapy 2 x 4 to the Right Knee is not medically necessary.