

Case Number:	CM14-0066242		
Date Assigned:	07/11/2014	Date of Injury:	03/04/2012
Decision Date:	08/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/09/2014

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 Management, 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 patient with a date of injury of March 4, 2012. A utilization review (UR) determination dated April 8, 2014 recommends non-certification of 12 visits for physical therapy to the left knee and low back. Non-certification was recommended due to the patient's having already had 33 physical therapy sessions for the left knee and 12 sessions for the low back, with limited evidence of significant functional gains or decreased pain intensity as a result of those therapy sessions. A progress report dated March 26, 2014 identifies subjective complaints of knee pain with weakness, popping, and buckling. The patient also has low back pain. Objective examination findings identify swelling with effusion in the knee and tenderness along the medial knee joint line. Diagnoses include status post left knee arthroscopy with meniscectomy and plica excision in August 2012 and low back pain. The treatment plan recommends continuing Omeprazole and over-the-counter Tylenol and requests authorization for physical therapy to the left knee and back. A note dated November 14, 2012 indicates that the patient did not improve with physical therapy and a steroid injection to the knee. The patient then underwent additional therapy following knee surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two sessions per week for six weeks to the left knee and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg, physical medicine treatment and physical therapy sections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, 298, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy, Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, and if there is ongoing, objectively measured progress toward treatment goals, then additional therapy may be considered. Within the documentation available for review, it is unclear how many therapy sessions have been provided for these body parts. Additionally, there is no indication of any objective functional improvement from the therapy already provided, nor is there documentation of specific ongoing objective treatment goals. There is no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.