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| Case Number: | CM14-0076843 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/02/2013 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 Neurology, 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 Injured Worker (IW) is a 33-year-old male who reports an injury on 3/2/13. The mechanism of injury is a result of twisting his left knee in an altercation with an individual he was attempting to remove from the property for which he worked as a security officer. An MRI of the left knee dated 6/5/13 revealed a tear of the medial meniscus and a possible tear ("at least a mild sprain") of the anterior cruciate ligament. Also of note is a 3x6 cm Baker's cyst and some abnormalities (possibly congenital etiology) of the left knee bone marrow. Surgery was recommended but complications associated with the IW's weight (350 pounds at height of 5' 10") made this option less feasible. Treating physician's progress reports (PRs) indicate that weight-loss programs have been recommended but notes indicate that the IW has declined to participate in available programs. Exam findings for the left knee noted in PR dated 3/31/14 include slight tenderness over anteromedial aspect of knee and patella compression without anterior drawer, medial or lateral ligament laxity; flexion 110 and extension 0. IW's complaints of intermittent sharp, dull, and numbing pain in the left knee are exacerbated by excessive walking and mobility demands, and the IW finds relief with rest/elevation and continued use of the prescription Tramadol (50 mg) indicated in treatment plans. A review of the documentation provided indicates that the IW had participated in at least five physical therapy treatments (of unknown number approved) before 10/18/13 (orthopedic evaluation dated 10/18/13), and that an additional 12 sessions had been requested and approved (indicated in PRs dated 12/26/13 and 1/28/14). Reports indicate that the IW had been able to attend at least 11 of these reported 12 approved treatments. A therapist's report dated 4/16/14 notes that the IW has shown progress having achieved many of the goals prescribed, and that the IW exhibits good understanding and performance of the therapeutic exercises indicated. An additional 12 sessions were requested on 4/23/14, and a partial certification for 2 of the requested number was rendered in a utilization review (UR)

dated 5/1/14. To date, documents indicate there have been 16 known sessions attended plus two additionally approved, totaling (at least) 18 approved physical treatments for the left knee. A separate request for an additional 12 "therapeutic exercises" (frequency and duration unspecified) was submitted on 5/9/14. This latest request was denied in a UR dated 5/16/14. An Independent Medical Review of the request was submitted 5/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises x12 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

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

Decision rationale: The MTUS indicates that Physical Medicine (physical therapy, active therapy) is beneficial for restoring flexibility, strength, endurance function, and range of motion. Attended/supervised forms of therapy may be required to provide the verbal, visual, and/or tactile instruction in performing the recommended activities and tasks, with the purpose and expectation that the active therapies learned in the attended sessions are to be continued at home (unsupervised) as an extension of physical therapy sessions. This IW has already attended at least 16 supervised sessions, with reports that gains in function, reduction in symptomology, and improvements in activities of daily living have been measured with many goals achieved. Two additional sessions were certified on 5/1/14. The physical therapist notes that the client demonstrates good execution and understanding of the exercises recommended. It should be expected that with the 18 sessions already approved, the IW is able to successfully continue the process in a self-directed home exercise program - especially as the physical therapist notes that the client demonstrates good execution and understanding of the prescribed therapy activities. Where the MTUS specifies a number of physical therapy sessions over a particular duration (allowing for fading of treatment), the typical indication is for between eight and ten visits over a span between four and six weeks (e.g., unspecified myalgia and myositis, or unspecified neuralgia, neuritis, radiculopathies, see page 99). The number of approved sessions has already exceeded any indicated number and duration of therapy that could be recommended. There is no additional indication for medical necessity for the 12 additional supervised therapeutic exercise sessions requested. Therefore, this request is not medically necessary.