MAXIMUS Federal Services

Case Number:	CM14-0082984		
Date Assigned:	07/21/2014	Date of Injury:	08/10/2011
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 & 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:

This 76 year-old patient sustained an injury on 8/10/11 while employed by [redacted]. Request under consideration include Physical Therapy; eight (8) sessions (2x4). Diagnoses include left knee sprain/strain. Report of 3/14/14 from a provider noted the patient with persistent pain rated at 8/10 and swelling after completing the 3 sessions of physical therapy. Exam showed tenderness and decreased range with flex/ext/hyperextension of knee to 80/10/15 degrees respectively. Diagnosis was Knee sprain/strain. Treatment plan included MRI of left knee to rule out meniscal tear. Report of 4/23/14 from the provider noted left knee pain rated at 4-6/10. Exam showed left knee motion of 0-120 degrees with crepitus; negative Lachman's test; pain with patellar glide and compression; and neurological exam was intact. Diagnosis was left knee arthrosis with exacerbation. Treatment plan included physical therapy and intra-articular injection. The request for Physical Therapy; eight (8) sessions (2x4) was non-certified on 5/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy; eight (8) sessions (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for Physical Therapy; eight (8) sessions (2x4) was non-certified on 5/21/14. Review indicates report of 2/26/14 from the provider noted the patient with re-aggravation of left knee pain rated at 9/10. Exam was essentially unchanged from before except with decreased range of flex/ext/hyperextension of 90/10/15 degrees. Diagnoses was left knee sprain/strain with treatment for x-rays and PT. On 2/26/14, physical therapy of 3x4 (12 sessions) were certified via peer review. Current request is for an additional 8 PT sessions. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy; eight (8) sessions (2x4) is not medically necessary and appropriate.