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| Case Number: | CM14-0083283 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 02/14/2011 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/29/2014 |
| 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 and 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:

The injured worker is a 41-year-old male who reported an injury on 02/14/2011. The mechanism of injury was not provided within the documentation for review. Prior treatments were noted to be surgery, physical therapy, medications and a cold therapy unit. His diagnoses were noted to be right knee internal derangement, right knee pain and chronic pain related insomnia. On 05/28/2014, the injured worker had a physical exam. The primary treating physician's progress report indicates the injured worker complains of his right knee feeling locked up. The injured worker also reported that the physical therapy that he was receiving was not helping. The injured worker's pain score was reported to be averaged at 4-5/10. The objective findings revealed positive tenderness over the lateral aspect of the right knee at the level of the patella. There was no evidence of instability or edema. The assessment and treatment plan was for additional physical therapy, medications and re-evaluation. The provider's rationale for the request was provided within the documentation of the primary treating physician's progress report dated 05/28/2014. A request for authorization for medical treatment was not provided within the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee, two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 25.

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

Decision rationale: The MTUS guidelines recommend physical medicine. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow 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 allow 9 to 10 visits over 8 weeks. The injured worker is post-op right knee arthroscopy in February 2014. The postsurgical treatment guideline period has expired. However, the injured worker reports physical therapy was not providing efficacy for symptom management. The injured worker would be appropriate for home exercise. The objective findings do not indicate significant objective physical limitation or functional deficits. The documentation lacks range of motion values or motor strength scores. It is unclear if previous treatment was efficacious. Therefore, the request for physical therapy for the right knee, two (2) times a week for three (3) weeks is not medically necessary.