

Case Number:	CM14-0086463		
Date Assigned:	07/25/2014	Date of Injury:	05/18/2011
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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 Occupational 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:

The application for independent medical review was signed on June 6, 2014. It was for review on physical therapy two times a week for three weeks to the right knee. There was a May 29, 2014 review summary. The patient complained of mild to moderate sharp pain in the right knee which was worse with activity. The pain was different from the preoperative pain. Physical examination showed that there was joint pain, joint swelling, muscle weakness and stiffness. Examination of the right knee noted there was pain and tenderness at the medial, patellar tendon. The neurovascular exam was intact. There were no signs or symptoms of infection. The patient slipped in the rain and the right knee was hyper extended when the patient fell on the left knee. The medicines were Norco and Tramadol. The patient was status post partial medial meniscectomy and chondroplasty on March 21, 2014. There were past injections. The patient has had eight sessions of physical therapy after the surgery but the outcomes were not documented. The patient no longer uses a cane or a crutch. This physical therapy was requested for strength training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 4wks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24, 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 of 127.

Decision rationale: The California MTUS does permit physical therapy in chronic situations, noting that one should 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 conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. The ODG does mention about 12 post meniscectomy sessions; but this request would far exceed that evidence-based guideline. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization." Therefore this request is not medically necessary.