

Case Number:	CM14-0087818		
Date Assigned:	07/23/2014	Date of Injury:	05/16/2011
Decision Date:	10/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/11/2014

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 63-year-old male who reported an injury 05/16/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 05/09/2014 indicated diagnoses of status post right arthroscopic partial medial meniscectomy; status post arthroscopic chondroplasty, medial femoral condyle, right knee. The injured worker reported pain to the right knee rated 5/10. The injured worker reported medication did help and he denied side effects. On physical examination, there was tenderness to the right knee and range of motion was limited. The injured worker's treatment plan included continued with the request for additional physical therapy and continue medications. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for physical therapy 3 times 4 visits to the right knee. A Request for Authorization dated 05/22/2014 was submitted for physical therapy 3 times 4 visits to the right knee. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3X4 visits, right knee QTY: 12: Upheld

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

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

Decision rationale: The request for physical therapy 3X4 visits right knee is not medically necessary. The California MTUS state that 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. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker reported pain to the right knee and the request for physical therapy was modified on 05/30/2014 for 2 visits. However, there is lack of documentation indicating the injured worker has had significant objective functional improvement with the physical therapy. In addition, there is lack of documentation regarding a complete physical exam to evaluate for decreased functional ability, decreased range of motion, decreased strength, and flexibility. Moreover, the amount of physical therapy the injured worker previously completed was not indicated in the documentation provided. Furthermore, the completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program, where the injured worker may continue exercises such as strengthening, stretching, and range of motion. Therefore, the request for physical therapy 3 times 4 visits to the right knee is not medically necessary.