

Case Number:	CM14-0093329		
Date Assigned:	07/25/2014	Date of Injury:	08/13/2013
Decision Date:	08/28/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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:

The injured worker is a 43-year-old male who reported an injury on 08/13/2013, the mechanism of injury was not provided. On 05/21/2014, the injured worker presented for a follow-up. He was previously recommended for a total knee replacement. Upon examination there was positive crepitation and pain with motion in the right knee. The diagnosis was right knee degenerative joint disease. Previous treatment included physical therapy, modified duties. The provider recommended physical therapy for the right knee, the provider's rationale was not provided. The Request For Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 visits - right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and or activity are beneficial for restoring flexibility, strength, endurance, functioning, and range of motion and can alleviate discomfort. Active therapy requires an internal effort for the individual to complete a specific exercise or task.

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 guidelines recommend up to 10 visits of physical therapy, for up to 4 weeks. There was lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Injured workers are instructed and expected to continue active therapies at home, there is no significant barriers to transitioning the injured worker to an independent home exercise program. There is lack of a complete and adequate examination of the injured worker's right knee that would provide details on current deficits. Additionally, the provider's request does not indicate the frequency of the therapy visits in the request as submitted. As such, the request for Physical Therapy 12 visits - right knee is not medically necessary.