

Case Number:	CM14-0099136		
Date Assigned:	07/28/2014	Date of Injury:	02/01/2012
Decision Date:	12/30/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of February 1, 2012. A utilization review determination dated June 12, 2014 recommends non-certification of physical therapy 8 visits for the left knee. Non-certification is recommended since the patient has previously completed 48 sessions of physical therapy with no documentation of an acute flare-up to support additional therapy. A report dated May 27, 2014 states that the patient has gotten benefit from Viscosupplementation injections as well as physical therapy. Subjective complaints include ongoing knee pain and lumbar spine pain. Physical examination findings reveal normal range of motion in the patient's knee with positive patellofemoral crepitus and positive patellofemoral grind test. The patient has painful range of motion in the lumbar spine. Diagnoses include lumbar disc herniation and left knee chondromalacia, patellofemoral syndrome, and osteoarthritis. The treatment plan recommends continuing with physical therapy for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times per week for 4 weeks (8 visits) for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers Compensation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy

Decision rationale: Regarding the request for additional physical therapy, MTUS Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Official Disability Guidelines has more specific criteria for the ongoing use of physical therapy. Official Disability Guidelines recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Additionally, it is unclear how many sessions of physical therapy the patient has already undergone. If the patient has exceeded the maximum number of sessions recommended by guidelines, then there should be documentation of a recent complication or flare-up to support the request for additional therapy. Unfortunately, there is no documentation of a recent flare-up or complication to support the need for a short course of therapy. Due to the above issues, the currently requested additional physical therapy is not medically necessary.