

Case Number:	CM14-0124101		
Date Assigned:	08/08/2014	Date of Injury:	03/10/2013
Decision Date:	04/03/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old woman sustained an industrial injury on 3/10/2013. The mechanism of injury was not detailed. Current diagnoses include left knee chondromalacia, left knee osteoarthritis, and medial and lateral meniscal tears. Treatment has included oral medications and physical therapy. Physician notes dated 7/15/2014 show ongoing left knee pain that is stated to be a little bit better. The worker received the fourth Supartz injection during this visit. Recommendations include an additional 12 sessions of physical therapy to address ongoing weakness and pain, modified work duties, and follow up in one week for the fifth Supartz injection. On 7/23/2014, Utilization Review evaluated a prescription for 12 sessions of physical therapy to the left knee. That was submitted on 8/6/2014. The UR physician noted that the recommendations only allow for nine physical therapy visits over eight weeks. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy three (3) times a week for four (4) weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (updated 06/05/14).

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

Decision rationale: The patient has ongoing left knee pain. The current request is for physical therapy three (3) times a week for four (4) weeks for the left knee. The attending physician performed the 4th Supartz procedure and requested authorization for 12 additional sessions of physical therapy to address ongoing pain and some weakness and quadriceps atrophy. The MTUS does recommend physical medicine with limitations. 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 guidelines do allow for a treatment frequency (1-2 visits per week), plus active self directed home physical medicine. For diagnoses such as myalgia and myositis, 9-10 sessions over 8 weeks. In this case, there is no explanation offered as to why the patient cannot transition into fully independent home exercise. The current request greatly exceeds the guidelines which limits physical therapy to 9-10 sessions over 8 weeks. As such, medical necessity has not been established by the guidelines and recommendation is for denial.