

Case Number:	CM14-0195282		
Date Assigned:	12/03/2014	Date of Injury:	07/15/2013
Decision Date:	02/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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

Certification(s)/Specialty: Family Practice

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 patient is a 60 year-old man who was injured at work on 7/15/2013. The injury was primarily to his left knee. He is requesting review of denial for the following: Physical Therapy 3 Times a Week for 4 Weeks/Left Knee. Medical records corroborate ongoing care for his injuries. The records include an evaluation with an orthopedic surgeon completed on 10/10/2014. The patient had a prior evaluation to include an MRI of the knee and underwent surgery on 3/5/2014. It was noted that "he did receive postoperative physical therapy." At this visit, the patient continued to have pain in his knee and required a cane for ambulation. Physical examination of the knee demonstrated no redness, swelling or deformity. There was no effusion. Tests for knee joint stability were all normal. There was normal muscle strength for the knee. X-rays were "non-revealing." The impression was Left Knee Internal Derangement and Status Post Left Knee Arthroscopy. He was advised to undergo a course of 12 sessions of physical therapy and to modify his work activity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks, Left Knee: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines comment on the use of physical medicine modalities for the treatment of specific conditions. In general, physical therapy is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. These MTUS Guidelines provide specific recommendations on the number of approved physical therapy sessions, based on the underlying condition. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. 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. In this case, it is well-documented that the patient has already undergone a course of physical therapy in the post-operative period in March, 2014. Per the guideline recommendations, it would be expected that the patient received instructions to facilitate a self-directed home exercise program. Further, the specific request in this case, a total of 12 sessions, exceeds the MTUS recommendations, based on the diagnosis provided by his treating physician. In summary, the request for Physical Therapy 3 times a week for 4 weeks for the left knee is not considered as medically necessary as the patient has previously undergone a course of physical therapy and this request exceeds the total number of approved sessions.