

Case Number:	CM14-0196939		
Date Assigned:	12/08/2014	Date of Injury:	05/26/2010
Decision Date:	01/26/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/24/2014

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 Rehab, 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 of the date of injury of May 26, 2010. A utilization review determination dated November 1, 2014 recommends non certification of physical therapy. Non certification is recommended due to no documentation of symptomatic or functional improvement from previous therapy sessions. A report dated August 6, 2014 identifies subjective complaints of knee pain and lower leg pain. Objective findings reveal healed surgical portals with bilateral knee tenderness to palpation diffusely and positive McMurray's test. There is decreased strength rated as 4/5. Diagnoses include bilateral knee sprain/strain, status post knee surgery, bilateral knee degenerative joint disease, and bilateral knee pes anserine bursitis. The treatment plan recommends Motrin, topical medication, urine toxicology, extracorporeal shockwave therapy, Synvisc injection, functional capacity evaluation, and physical therapy 12 visits. A report dated August 23, 2013 indicates that the patient underwent knee surgery in 2011 and recommends future care including physical therapy and medications. A report dated September 17, 2014 recommends continuing physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy at 2 times a week for 6 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical Medicine

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, 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. ODG has more specific criteria for the ongoing use of physical therapy. ODG 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 PT 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 therapy the patient has already undergone, making it impossible to determine if the patient has already exceeded the maximum number recommended by guidelines for their diagnoses. In light of the above issues, the currently requested additional physical therapy is not medically necessary.