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| Case Number: | CM14-0200979 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 04/04/2011 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male was injured 4/4/11 when he leaned back in his office chair, losing his balance and falling from the chair, landing on his back. After this he accidentally twisted his left knee as he got up from the floor. He experienced left knee pain that has been persistent. He walked with a limp depending on the severity of the pain. He has radiographs of the left knee but results were not available. He was treated with pain medication, hot pads and a knee brace which offered temporary relief. In 2011 he had 7 sessions of physical therapy that were beneficial. In 2012 he was laid off and since that time he experienced persistent left knee pain that he managed with ibuprofen or aspirin and hot pads with temporary relief. Currently the injured worker complained of intermittent, sharp right knee pain that he attributed to overcompensation. He experiences muscle spasms and limited range of motion. His pain intensity is 10/10 with unknown triggers. Rest and medications provide significant but temporary relief. His left knee displays the same symptoms as the right and his pain intensity is 6/10 on a good day and 10/10 on a bad day. He has developed insomnia. Past significant medical history includes a work-related stress injury which was filed and settled (2002); head concussion and neck injury from a motor vehicle accident (2013) with an ongoing lawsuit. His current medications include Corag, Lisinopril and over the counter aspirin. Activities of daily living are compromised when he experiences episodes of increased pain to both knees causing difficulty with prolonged sitting, walking, climbing stairs, walking on uneven ground, riding and driving. On physical exam there is tenderness to pressure over the bilateral knee joint lines with restricted range of motion. Right and left McMurray's is positive. Diagnosis includes internal derangement of the knee not

otherwise specified. An MRI of bilateral knees was indicated but because of a defibrillator in place this was deferred to cardiologist. His work status was modified with seated duties only. Physical therapy was requested 3 times a week for 4 weeks for bilateral knees. On 11/7/14 Utilization Review (UR) non-certified the request for physical therapy 3X4 left knee (in the body of the UR bilateral knees are addressed) based on number of sessions requested exceeding the guideline recommendation. MTUS was the guideline referenced.

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.

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. ODG recommends twelve PT visits for internal derangement of the knee. 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. Furthermore, when added to the PT previously provided, the request exceeds the amount of PT recommended by the ODG and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.