

<b>Case Number:</b>	CM14-0202415		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	06/21/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Family Practice, and is licensed to practice in Utah. 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 60 year old female with a work related injury dated 06/21/2013. According to a primary physician's progress report dated 11/17/2014, the injured worker presented with complaints of continued pain with slight improvement from physical therapy. Objective findings noted minimal pain over patella and minimal medial joint line pain. Diagnoses included left patella fracture and meniscal tear. Treatments have consisted of physical therapy with notes received dating 06/09/2014 to 11/14/2014. According to the 11/14/2014 physical therapy note, the injured worker was tolerating all exercises well. Diagnostic testing included an MRI of the left knee dated 10/13/2014 which revealed interval healing of the patellar fracture, mild blunting along the free edge of the body and posterior horn of the medial meniscus, scarring/tendinosis of the patellar tendon, minimal chondromalacia of the patella, and small joint effusion. Work status is noted as off work. On 11/25/2014, Utilization Review modified the request for Physical Therapy 2x4 for the Left Knee to Physical Therapy 2 visits over 4 weeks citing California Medical Treatment Utilization Schedule Chronic Pain Chapter. The Utilization Review physician stated there is no documentation of the reason and rationale for continued Physical Therapy. Therefore, the Utilization Review decision was appealed for an 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 2 times a week for 4 weeks for Left Knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for additional sessions of physical therapy. A modified request has been approved for 2 visits over 4 weeks. The clinical documents state the patient has completed 20 sessions of physical therapy previously. MTUS guidelines state the following: 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. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) 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 Physical Medicine. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. According to the clinical documentation provided and current MTUS guidelines; additional Physical therapy session exceeding the 20 sessions the patient has already done is not indicated as a medical necessity.