

Case Number:	CM14-0203903		
Date Assigned:	12/16/2014	Date of Injury:	07/09/1997
Decision Date:	02/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 56 year-old patient sustained an injury on 7/9/1997 while employed by [REDACTED]. Request(s) under consideration include Additional Physical Therapy x 8. Diagnoses include right knee chondromalacia s/p right knee arthroscopy on 6/4/14; and lumbar strain/sprain. Conservative care has included medications, therapy, ice, E-stim, HEP, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted unchanged findings of right knee crepitus; tenderness at lateral joint line; extensor lag of 5 degrees; mild limp on right; tender patella tendon; PROM of 0-120 degrees with 4-/5 quad; and residual swelling. Treatment was for continued PT, medication, ice, and E-stim. The request(s) for Additional Physical Therapy x 8 was non-certified on 11/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times 8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Records note the patient had at least 36 post-operative physical therapy (PT) sessions to date. Surgery was over 7 months ago with applicable chronic guidelines. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 1997 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The additional physical therapy times 8 is not medically necessary and appropriate.