

Case Number:	CM14-0020562		
Date Assigned:	04/30/2014	Date of Injury:	01/09/2012
Decision Date:	02/28/2015	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 injured worker is a 48 year old female who suffered a work related injury to his right knee on 04/01/13 when a cart she was rolling tipped and fell on his right knee. He underwent major debridement/synovitis of the right knee and arthroscopic lateral release on 08/22/12 and right knee arthroscopy, extensive synovectomy and chondroplasty on 11/14/13 per the operative notes. Per the physician notes from 01/31/14 indicate there was a delay in the initiation of postoperative physical therapy due to lack of authorization. The injured worker was doing home exercises and gradual improvement is noted. On physical exam, there is notable improvement in range of motion, but there is still some noted atrophy in comparison to the opposite leg. The recommendation is for physical therapy. This treatment was denied by the Claims Administrator on 02/11/14 and was subsequently appealed for 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 2x week x 6 weeks right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Medicine, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The request for 12 sessions is in excess of the clinical trial guidelines. The patient has already had 8 therapy sessions and the treating physician has not provided an evidence based rationale to exceed guidelines . As such the request for Physical Therapy 2x week x 6 weeks right knee is not medically necessary at this time.