

Case Number:	CM14-0210111		
Date Assigned:	12/23/2014	Date of Injury:	03/01/2009
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/16/2014

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 , 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 patient sustained an injury on 3/1/2009 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy 3x/4wks, left knee. Diagnoses include Knee tendinitis/bursitis s/p right knee arthroscopy in June 2014. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints. Report of 10/15/14 from the provider noted continued knee pain with locking, popping and instability s/p arthroscopy with improvement. Exam showed unchanged findings of medial and lateral joint line tenderness with pain on flex/extension of left knee; swelling and positive McMurray's with patellar crepitus; antalgic gait; left knee graded 4/5 motor strength. MRI of left knee on 9/30/14 showed sprain of cruciate ligament, medial and lateral meniscal tear and mild chondromalacia patellae. Treatment included PT. The request(s) for Physical Therapy 3x/4wks, left knee was non-certified on 11/13/14 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:

Physical therapy 3 x 4 weeks, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Procedure Summary Last Updated 10/27/14

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

Decision rationale: Review indicated the patient had completed 18 physical therapy visits for bilateral knees. 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 ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work 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 2009 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 physical therapy 3 x 4 weeks, left knee is not medically necessary and appropriate.