

Case Number:	CM14-0211213		
Date Assigned:	12/24/2014	Date of Injury:	07/07/2013
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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 Internal Medicine 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:

The injured worker (IW) is a 34-year-old man with a date of injury of July 7, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are postoperative residual atrophy; and right knee atrophy. The IW is status post right knee arthroscopy in June of 2014. He is about 75% better with the surgery, but still feels some weakness in the knee. Pursuant to the progress reports dated October 16, 2014, the IW complains of frequent right knee pain rated 3/10 at rest. The pain increases with activities. He is currently taking Naproxen and Norco for pain. Physical examination reveals vastus medialis oblique and quadriceps atrophy as well as some hamstring weakness. The knee is otherwise stable and the incisions are well healed. The IW has been treated with 12 physical therapy visits to date. He is currently participating in a home exercise program. There are PT notes present in the medical record. However, they are handwritten and largely illegible. There is no evidence of objective functional improvement associated with prior PT documented in the medical record. The current request is for physical therapy 2 times a week for 6 weeks, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x a week for 6 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week for six weeks to the right knee is not medically necessary. 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 negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. The guidelines recommend post-surgery arthroscopy 12 visits over 12 weeks. In this case, the injured worker's working diagnosis is status post right knee arthroscopy on June 19, 2014. The documentation indicates the worker completed 12 physical therapy sessions. The treating physician side of the injured workers knee is 75% better. He is continuing a home exercise program. Patients are instructed and expected to continue home active therapies as an extension of the treatment process in order to maintain improvement levels. The injured worker, as noted above, is 75% improved. Additionally, there are no exceptional factors noted in the medical record that in turn warrant an additional 12 physical therapy sessions. Consequently, the additional physical therapy two times per week for six weeks is not medically necessary.