

Case Number:	CM15-0194288		
Date Assigned:	10/08/2015	Date of Injury:	03/02/2013
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 3-2-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post open reduction and internal fixation of the right femur fracture, status post removal of hardware, and arthrofibrosis of the right knee. On 9-2-2015, the injured worker reported right knee pain on the medial side. The Primary Treating Physician's report dated 9-2-2015, noted the right knee with effusion. Prior treatments have included physical therapy to right knee in June 2013, January to March 2014, and May to June 2015. The treatment plan was noted to include more therapy to increase the range of motion (ROM) of the right knee. The injured worker's work status was noted to be to return to modified work on 9-2-2015. The physical examination on 7-15-2015 was noted to show full extension of the right knee and 110 degrees of flexion with mild medial tenderness over the medial distal femur and medial epicondyle femur. The Physician noted the injured worker reported feeling better, continuing physical therapy with improvement in her gait with decrease in her pain and requested an additional 15 sessions of physical therapy as requested by the therapist to get the injured worker her full range of motion (ROM). A physical therapy note dated 6-19-2015, was noted to be the 11th visit since the evaluation on 5-11-2015. The therapist noted the injured worker continued to complain of pain at the medial knee and bottom of the second toe. The injured worker's initial pain was rated at 10 out of 10, with current pain rated 6-9 out of 10, noted to continue to need supervised care to return to full activities of daily living (ADLs) and walking without pain. The request for authorization dated 9-21-2015, requested 12 physical therapy visits including therapeutic exercise and manual therapy.

The Utilization Review (UR) dated 9-23-2015, non-certified the request for 12 physical therapy visits including therapeutic exercise and manual therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits including therapeutic exercise and manual therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (acute & chronic): Physical medicine treatment (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient was injured on 03/02/13 and presents with right knee pain. The request is for 12 PHYSICAL THERAPY VISITS INCLUDING THERAPEUTIC EXERCISE AND MANUAL THERAPY. The RFA is dated 09/02/15 and the patient is to return to modified work on 09/02/15. As of 06/19/15, the patient has had at least 11 visits of physical therapy. MTUS Guidelines, Physical Medicine Section, pages 98 and 99 have the following: "Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with status post open reduction and internal fixation of the right femur fracture, status post removal of hardware, and arthrofibrosis of the right knee. There is no indication of any recent surgeries the patient may have had. The patient has had at least 11 sessions of physical therapy from 05/11/15 to 06/19/15. The 06/19/15 therapy note does not reveal significant change in the patient's pain and function. The 07/15/15 treatment report states that with "physical therapy, she is feeling better." There is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. Given the absence of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 12 sessions of physical therapy in addition to the 11 sessions she has already had exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.