

Case Number:	CM15-0196354		
Date Assigned:	10/12/2015	Date of Injury:	12/07/2013
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51 year old male who sustained an industrial injury December 7, 2013 after falling two stories and fracturing bilateral knees and left elbow. Diagnoses are bilateral patella fractures; left elbow fracture status post surgical repairs (open reduction and internal fixation of bilateral patella December 8, 2013 and closed treatment of his elbow fracture, removal of deep internal fixation, left patella April 2, 2014, arthroscopic chondroplasty of the left patella and femoral groove, left knee, removal of two loose bodies from left knee August 29, 2014, and arthroscopic chondroplasty of the right patella, chondroplasty of the femoral groove, right knee November 5, 2014). Treatment has included physical therapy and surgery. According to a treating physician's handwritten progress notes dated September 15, 2015 the injured worker presented with bilateral knee pain. X-rays were obtained during the visit and showed stable findings of mild patellofemoral degenerative change; stable mild anterior soft tissue swelling. Some of the handwritten notes are difficult to decipher, including the physical exam. At issue, is the request for authorization dated September 15, 2015, for additional physical therapy for the bilateral knees, three times a week for six weeks. According to utilization review dated September 22, 2015, the request for Physical Therapy (3) times a week for (6) weeks to both knees is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the bilateral knees, three times a week for six weeks:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Elbow Complaints 2007, Section(s): Summary, and Knee Complaints 2004, Section(s): Initial Care, Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8-week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. This patient has had multiple PT sessions since his injury in 2013. Although repeat physical therapy can be effective for exacerbations of chronic musculoskeletal pain, the medical records do not document the patient's present symptoms as an exacerbation of that injury. Furthermore, there is no documentation that the patient has followed up the prior physical therapy with an ongoing home exercise program. Considering all the available information, further formal physical therapy program is not recommended by the MTUS guidance. Medical necessity has not been established. The request is not medically necessary.