

Case Number:	CM15-0024779		
Date Assigned:	02/17/2015	Date of Injury:	04/26/1993
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 57 year old male with an industrial injury dated April 26, 1993. The injured worker diagnoses include degenerative arthritis of left knee and chondromalacia of the left knee. He has been treated with diagnostic studies, aquatic therapy, physical therapy, prescribed medications, home transcutaneous electrical nerve stimulator unit, H-wave unit and periodic follow up visits. In a progress note dated 1/15/2015, the treating provider noted weakness of quadriceps and discomfort from his early degenerative change from a subtotal medial meniscectomy of his left knee. The treating provider also noted chronic pain syndrome and weakness of the lower trunk and left knee. The treating physician prescribed services for physical therapy 3x4 weeks for the left knee and yearly gym program after being weaned from physical therapy. Utilization Review determination on January 28, 2015 denied the request for physical therapy 3x4 weeks for the left knee and yearly gym program after being weaned from physical therapy, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface 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. Medical documentation provided indicates this patient has attended an unknown number of physical therapy and aquatherapy sessions. The treating physician has not indicated why this patient is unable to participate in a home exercise program at this time. As such, the request for Physical therapy 3x4 weeks for the left knee is not medically necessary.

Yearly gym program after being weaned from PT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gym Membership

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The official disability guidelines go on to state "Furthermore, treatment needs to be monitored and administered by medical professionals." The treating physician has not indicated that a home exercise program has been ineffective. Additionally, there is no indication that treatment would be monitored by medical professionals. As such, the request for Yearly gym program after being weaned from PT is not medically necessary.