MAXIMUS Federal Services

Case Number:	CM15-0082365		
Date Assigned:	05/04/2015	Date of Injury:	06/10/2014
Decision Date:	06/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/29/2015

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 & General Preventive 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 21 year old male, who sustained an industrial injury on 6/10/2014. He reported his knee giving out during work. The injured worker was diagnosed as having patello-femoral misalignment and status post right knee arthroscopic surgery. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, bracing, injections and medication management. In a progress note dated 4/1/2015, the injured worker complains of right knee pain and popping. The treating physician is requesting 12 sessions of physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Medicine, 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. ODG reports limited positive evidence to support physical therapy for knee complaints. ODG specifies, "it is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. The physical therapy prescription should include diagnosis; type, frequency, and duration of the prescribed therapy; preferred protocols or treatments; therapeutic goals; and safety precautions (e.g., joint range-of-motion and weight-bearing limitations, and concurrent illnesses). A physical therapy consultation focusing on appropriate exercises may benefit patients with OA, although this recommendation is largely based on expert opinion." Additionally, ODG quantifies the number of sessions for Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks. Post-injection treatment: 1-2 visits over 1 week. Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks. MTUS guidelines further state, "Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." The patient has received 12 total physical therapy session post knee surgery, this request is for an additional 12 visits of physical therapy. Guidelines allow for up to 24 visits over 10 weeks, post-arthroscopic procedure, however this patient is over 6 months post surgical intervention, which would no longer be considered the acute phase. The requested number of visits is in excess of the post-injection treatment and medical treatment guidelines. As such, the request for 12 sessions of physical therapy for the right knee is not medically necessary.