

Case Number:	CM14-0123692		
Date Assigned:	09/16/2014	Date of Injury:	09/15/2012
Decision Date:	10/23/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records presented for review indicate that this 32 year-old female was reportedly injured on 9/15/2012. The most recent progress note, dated 9/11/2014. Indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated right knee: full range of motion, positive tenderness to the lateral joint line. 1+ capitation on flexion and extension. 4+/5 strength in resistive flexion and extension. No joint effusion. No instability, patient is neurovascular intact. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for physical therapy two times a week for two weeks for the right leg #4 sessions, and was not certified in the pre-authorization process on 7/7/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2xwk x 2wks, right leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-8.

Decision rationale: ACOEM guidelines recommend home exercises, except in cases of significant injury, patients with knee problems can be advised to do early straight-leg raising and active range-of-motion exercises, especially bicycling, as tolerated. The emphasis is on closed-chain exercises and muscle re-training. Instruction in proper exercise technique is important and a few visits to a physical therapist can serve to educate the patient about an effective exercise program. Sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems as an alternative to surgery or for postoperative rehabilitation. Properly conducted, these programs minimize the active participation of the therapist and direct the patient to take an active role in the program by simply using the equipment after instruction and then graduating to a home program. After review the medical records provided it is noted the injured worker has had previous physical therapy number of sessions is unknown, but it is documented the patient did have some improvement. After reviewing the findings on the physical examination I was unable to identify any specific findings on physical examination that would justify the requested physical therapy. There is no reason why the injured worker cannot continue to do a home exercise regimen. Therefore this request is deemed not medically necessary.