

Case Number:	CM14-0131518		
Date Assigned:	09/03/2014	Date of Injury:	09/11/2013
Decision Date:	10/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

According to the records made available for review, this is a 61-year-old male with a 9/11/13 date of injury, and right knee arthroscopy with partial lateral meniscectomy, partial medial meniscectomy, removal of multiple loose bodies, synovectomy, and chondroplasty on 4/16/14. At the time (5/28/14) of request for authorization for Additional Physical Therapy, 2 times a week for 4 weeks, Right Knee (8 sessions) and Physical Therapy 2 times a week for four weeks to Left Elbow (8 sessions), there is documentation of subjective (right knee pain) and objective (right knee mild to moderate effusion) findings, current diagnoses (status post right knee arthroscopy with partial meniscectomy, chondroplasty, and synovectomy and lateral epicondylitis), and treatment to date (medications, acupuncture, and previous right knee physical therapy treatments). Medical reports identify that the patient has completed 6 of initially certified 12 right knee post-operative physical therapy visits. Regarding additional physical therapy for right knee, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of the 12th physical therapy treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy, 2 times a week for 4 weeks, Right Knee (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: Postsurgical Treatment Guidelines identifies up to 12 visits of post-operative physical therapy over 12 weeks and post-surgical physical medicine treatment period of up to 6 months. In addition, postsurgical Treatment Guidelines identifies that the initial course of physical therapy following surgery is 1/2 the number of sessions recommended for the general course of therapy for the specified surgery. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of status post right knee arthroscopy with partial meniscectomy, chondroplasty, and synovectomy (4/16/14). In addition, there is documentation of 12 physical therapy treatments previously certified. However, given documentation of 6 of initially certified 12 right knee post-operative physical therapy visits completed to date, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of the 12th physical therapy treatments. In addition, the requested additional physical therapy treatments, in addition to the treatments already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Additional Physical Therapy, 2 times a week for 4 weeks, Right Knee (8 sessions) is not medically necessary.

Physical Therapy 2 x week for 4 weeks to Left Elbow (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), Physical therapy (PT)

Decision rationale: Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of lateral epicondylitis not to exceed 8 visits over 5 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of lateral epicondylitis.

However, the requested Physical Therapy 2 times a week for 4 weeks to Left Elbow (8 sessions) would exceed guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy 2 times a week for 4 weeks to Left Elbow (8 sessions) is not medically necessary.