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| Case Number: | CM14-0132992 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 01/08/2012 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 07/29/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 Illinois. 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 injured worker is a 29-year-old male who reported an injury on 01/08/2012. The mechanism of injury was not provided. On 06/26/2014, the injured worker presented with complaints of pain related to the low back, and right lateral knee. On examination, there was nonspecific soreness and tenderness to the lower right paralumbar region. Examination of the right knee revealed slight tenderness next to the fibular head and attachment site of the lateral ligamentous complex. There was no tenderness over the hamstrings or collateral ligaments. Range of motion to the right knee is complete from 0 to 135 degrees. The diagnoses were rule out tear of the lateral meniscus of the right knee, history of left knee pain, and lumbar syndrome. Prior therapy included medications and physical therapy. The provider recommended 12 physical therapy visits for the right knee. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy visits for the right knee, two (2) visits per week for six (6) weeks.:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The request for 12 physical therapy visits of the right knee, 2 visits, 2 per week for 6 weeks, is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Additionally, the guidelines recommend up to 10 visits of physical therapy. The amount of physical therapy visits that have already been completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for 12 physical therapy visits exceeds the recommendation of the guidelines. As such, the request is not medically necessary.