

Case Number:	CM14-0147993		
Date Assigned:	09/15/2014	Date of Injury:	04/25/2011
Decision Date:	10/17/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 & 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 41-year-old male who reported injury on 04/25/2011. Mechanism of injury was due to an altercation while at work involving another coworker where he injured his knee. The injured worker has a diagnosis of tear of medial meniscus in the right knee. Past medial treatment consists of surgery, occupational therapy, physical therapy, and medication therapy. It was indicated in the submitted reports that the injured worker had physical therapy from 05/2014 through 06/2014. It consisted of 6 sessions. In the last progress note entry, dated 05/28/2014, the provider noted that there were significant strength deficits to the right knee, and poor knee stabilization. There was no indication in the submitted report that the physical therapy was helping the injured worker with any functional deficits. On 07/14/2014, the injured worker complained of right knee pain. Physical examination revealed that there was point tenderness and spasm over the medial aspect of the calf. Neurocirculatory was intact to the right lower extremity. There was muscle atrophy of the calf, which was measured at half inch smaller compared to the right. The treatment plan is for the injured worker to undergo additional physical therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy with ultrasound, massage, and therapeutic exercises, 3x4 (right knee/lower extremity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Therapeutic ultrasound, and Massage therapy.

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

Decision rationale: The request for continued physical therapy with ultrasound, massage, and therapeutic exercises, 3x4 (right knee/lower extremity) is not medically necessary. The California MTUS state that active therapy is based on 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 therapies at home as an extension of the treatment process in order to maintain improvement levels. It was noted in the submitted documentation that the injured worker had already completed 6 sessions of physical therapy. It was noted in the evaluation of last physical therapy session dated 05/28/2014 that the injured worker was still showing significant strength deficits to the right knee with poor knee stabilization. It is unclear how the provider feels additional physical therapy will help the injured worker with functional deficits. Additionally, the request as submitted is for an additional 12 sessions of physical therapy, exceeding the recommended guidelines. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.