

Case Number:	CM14-0172022		
Date Assigned:	10/23/2014	Date of Injury:	05/01/2012
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Practice 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 injured worker is a 37 year old female with a date of injury as 05/01/2012. The current diagnoses right shoulder cuff tendinitis, left knee status post arthroscopic surgery with synovectomy, and right knee mild patellar chondromalacia. Previous treatments include home stretching, Magnetic Resonance Imaging (MRI), left knee arthroscopic surgery on 07/28/2014. A primary treating physicians report dated 10/29/2014 was included in the documentation submitted. The injured worker presented with complaints of mild discomfort on the medial aspect of the joint with prolonged standing and exercise, the injured worker further stated that there had been improvement regarding her shoulder and right knee. Physical examination revealed a level gait, left knee shows no instability, Range of Motion (ROM) is within normal limits. The surgeon further noted that the injured worker has noticed improvement. Treatment recommendation was for the injured worker to continue with physical therapy on her own. The surgeon also stated that she could return to work with restrictions. Physical therapy progress notes from 08/20/2014 through 09/17/2014 indicate that the injured worker has completed the initial 8 visits previously authorized. Improvement was noted during the physical therapy sessions with ambulation, Range of Motion (ROM), and decrease in pain. The utilization review performed on 10/09/2014 non-certified a prescription for physical therapy 2 times per week for 4 weeks for the left knee. The claimant had been performing home exercises as well. The physical therapy was non-certified based on medical necessity and the California MTUS postsurgical guidelines were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4 of the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Pain and therapy

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks According to the Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) guidelines, therapy for non-repair or replacement of the knee is allowed for a fading frequency of therapy. In addition visits for arthroscopy are limited to 8-12 sessions. In this case, the claimant had received 8 sessions of therapy. An additional 8 would exceed the amount suggested by the guidelines. The request for 8 sessions of physical therapy is not medically necessary.