

Case Number:	CM14-0072256		
Date Assigned:	07/16/2014	Date of Injury:	06/10/2013
Decision Date:	09/26/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 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 53-year-old female who sustained an industrial injury to the left knee on 06/10/2013 while she was employed at the front desk at [REDACTED]. She is status post left knee arthroscopy with partial meniscectomy and chondroplasty done on 10/15/2013. She still feels weakness and pain when bending. On latest exam of the knee, extension was 10 degrees and flexion was 106 degrees. There was still tenderness across the distal hamstrings. Strength was 4/5 in the quadriceps and hamstrings. There was decreased calf swelling. Assessment was status post left knee arthroscopy and left calf deep vein thrombosis. It was indicated that she has lost some range of motion due to the lack of physical therapy. She has not reached MMI. Her physical therapy has been delayed due to deep vein thrombosis. It was felt that she has room for improvement if given the opportunity to rehabilitate. She was previously approved for 8 physical therapy visits postoperatively. She has attended physical therapies sessions from 01/10/2014 to 03/27/2014. The patient completed the program with no complaints and continued to progress towards the goals. The patient demonstrated excellent effort with rehab. She demonstrates good compliance with HEP and significant improvement in patient's ability to transfer sit to stand. The request for Physical Therapy 2XWk X 4 Wks left knee was denied on 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Physical Therapy 2x for 4 weeks left knee: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, physical medicine 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. As per ODG guidelines, Physical Therapy (PT) is recommended for chronic knee pain; allowing for physical therapy; 9 visits over 8 weeks for the knee arthritis / pain / derangement of meniscus and post-surgical PT; 12 visits over 12 weeks. This injured worker was previously approved for 8 PT visits and has attended unknown number of PT visits. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.