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| Case Number: | CM14-0091625 | | |
| Date Assigned: | 09/19/2014 | Date of Injury: | 07/31/2012 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/17/2014 |

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 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 58-year-old female who reported an injury on 05/31/2012. The mechanism of injury was not provided. On 07/18/2014, the injured worker presented with a stabbing into the right knee. Upon examination there was weakness and numbness to the left knee. There was edema noted with a normal gait pattern and full weight bearing on the bilateral lower extremities. There was unrestricted range of motion with no crepitus in the patellofemoral joint. Range of motion values to the left knee was 150 degrees and 0 degrees of extension. There was tenderness to palpation along the left lateral medial meniscus with a positive McMurray's test. There was intact sensation to light touch and pinprick in all dermatomes in the bilateral lower extremities with 5/5 strength. Status post left knee arthroscopic partial medial and lateral meniscectomy, left knee pseudogout, left mild to moderate medial compartment arthritis. Other therapies included medications. The provided recommended physical therapy 2 times a week for 6 weeks for left 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:

PHYSICAL THERAPY TWO TIMES A WEEK FOR SIX WEEKS FOR THE LEFT KNEE LEFT KNEE QUANTITY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

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

Decision rationale: The request for physical therapy 2 times a week for 6 weeks for the left knee with a quantity of 12 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 and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home in order to maintain improvement levels. There is lack of documentation of the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The guidelines recommend 10 visits over 4 weeks. The amount of physical therapy the injured worker already completed was not provided. There are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, medical necessity has not been established.