

Case Number:	CM14-0094154		
Date Assigned:	08/04/2014	Date of Injury:	10/01/2007
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 57-year-old male who has submitted a claim for left knee strain; associated with an industrial injury date of 10/01/2007. Medical records from 2014 were reviewed and showed that patient complained of left knee pain. The injured worker is status post left knee surgery in 2009. The injured worker has completed an unspecified number of physical therapy sessions before and after his surgery. Physical examination of the left knee revealed tenderness along the medial line and a positive abduction test. Treatment to date has included medications, physical therapy and surgery. Utilization review, dated 06/11/2014, denied the request for physical therapy because there are no new residual deficits that warrant additional individual physical therapy. Furthermore, there is also no documentation of any functional deficit such as range of motion or strength. Additional physical therapy for treatment of subjective pain is not clinically indicated as it is unlikely to result in any new functional benefit. Lastly, appropriate ongoing treatment can be obtained with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Physical Therapy Treatment to the Left Knee 3x for 2 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): 98-99.

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, the injured worker has had previous physical therapy before and after his knee surgery in 2009. However, medical records submitted for review did not show the number of physical therapy sessions completed. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. Currently, the injured worker complains of subjective knee pain and there is no clinical indication that physical therapy is warranted. Active therapy at home can be utilized to treat the injured worker's complaints. Therefore, the request for Physical Therapy Treatment to the Left Knee for 6 Sessions, 3x for 2 weeks are not medically necessary.