MAXIMUS Federal Services

Case Number:	CM14-0094466		
Date Assigned:	07/25/2014	Date of Injury:	05/15/2012
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine, 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 patient is a 58-year-old female who has submitted a claim for pain in the joint of the lower leg and sprain in the knee, status post left knee arthroscopy (04/17/2013); associated with an industrial injury date of 05/15/2012. Medical records from 2012 to 2014 were reviewed and showed that patient complained of left knee pain made worse by walking and standing, and was made better with rest, non-weight bearing, and medications. Physical examination showed that the patient is morbidly obese, and ambulated with no assistive device. The patient was alert, oriented, and did not exhibit acute distress. No erythema or swelling was noted. Patellar grind and drop sign was positive in the left knee. Tenderness was noted along the joint line. Motor testing was normal in the bilateral upper and lower extremities. Treatment to date has included medications, acupuncture, physical therapy, home exercise program, and knee surgery as stated above. Utilization review, dated 06/10/2014, modified the request for physical therapy to the left knee because the number of requested visits exceeds the recommended six-visit clinical trial recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 X 4 left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg.

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 and leg section, Physical therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state physical medicine is recommended, and that given frequency, should be tapered and transitioned into a self-directed home program. In addition, ODG Guidelines recommend that patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy. A total of 12 visits over 8 weeks for sprains and strains of the knee is recommended. In this case, the patient complains of left knee pain. The patient has had a course of postoperative physical therapy and continues with a home exercise program. However, there is no discussion regarding the need for supervised physical therapy as the patient has had previous physical therapy and should be well-versed with a home exercise program. Additional visits are contingent on the efficacy of the initial therapy. Therefore, the request is not medically necessary.