

Case Number:	CM13-0066131		
Date Assigned:	01/03/2014	Date of Injury:	10/27/1999
Decision Date:	03/24/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 male who sustained a work related injury on October 27, 1999, incurring back injuries and a right knee injury. Diagnoses included internal derangement of the right knee, and cervical disc herniation with stenosis and bilateral cervical radiculopathy. Treatments included physical therapy, epidural steroid injections, surgery and medications. Currently, the injured worker complained of symptoms catching, clicking and giving way of the knee. A right knee arthroscopic chondroplasty and resection was performed on June 27, 2013. On December 3, 2013, a request for 8 additional Post Operative Physical Therapy sessions for the right knee, 2 times a week for 4 weeks as an Outpatient, was non-certified by Utilization Review noting the American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing headaches, neck pain that went into the arms with numbness and tingling, lower back pain that went into the legs with numbness and tingling, and right shoulder and knee pain. There was no discussion describing the reason additional directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for an additional eight sessions of directed physical therapy for the right knee done as twice weekly for four weeks is not medically necessary.