

Case Number:	CM13-0072103		
Date Assigned:	01/08/2014	Date of Injury:	06/06/2012
Decision Date:	03/30/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/30/2013

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: New York
 Certification(s)/Specialty: Internal 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 patient is a 59 year old female who was injured on 06/06/2012. The mechanism of injury is unknown. Prior surgical history included a medial and lateral meniscectomy, left knee on 04/05/2013. PR2 dated 11/19/2013 indicated the patient was in for a follow up of her left knee. She was doing well. She was doing pool therapy. The leg was gaining in strength and she was increasing her ambulatory distance abilities. She did wear the hinged knee brace, which gave her good support. Treatment recommendations were more physical therapy as PT felt the patient needed more time to strengthen the quadriceps and the vastus medialis obliques of the left knee which should allow her to probably return to her regular work. Physical Therapy note dated 11/12/2013 indicated the patient was feeling pretty good with minimal medial knee pain and minor swelling. The patient was diagnosed with minor edema over the medial joint line with difficulty with SLR secondary to pushing herself in the pool; improved knee pain for the past 2 weeks; demonstrated compliance with prescribed HEP. This note is for visit #11. There are no prior visits provided for my review to show improvements. PR2 dated 08/21/2013 indicated the patient was awaiting more physical therapy but had been denied. She stated the knee was giving out laterally and when she had a fall, she had increased pain and needed to start using the walker-chair and the knee brace. Objective findings on exam revealed decreased range of motion, joint pain and joint swelling. Musculoskeletal exam revealed the patient was walking with a walker-chair and using a knee wrap on the left knee. The left knee revealed normal strength and tone with normal deep tendon reflexes and normal coordination with full extension and flexion to

about 130. She has been diagnosed with left knee osteoarthritis. The treating provider has requested physical therapy 2 x week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee 2 times a week for 6 weeks QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Physical Medicine treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Preface on Physical Therapy

Decision rationale: This is a 59 yr. old female with a diagnosis of knee osteoarthritis and has completed the recommended PT (aquatic therapy sessions) as recommended by CA MTUS/ODG. Recommendations state that for most patients 8 to 12 visits over a period of over 6 to 8 weeks is indicated as long as functional improvement and program progression are documented. Active therapy 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. In this case the claimant has completed physical therapy sessions with a reported good benefit. There is no specific indication for 12 more sessions. Medical necessity for the requested 8 physical therapy sessions has not been established. The requested service is not medically necessary.