

Case Number:	CM14-0159842		
Date Assigned:	10/03/2014	Date of Injury:	01/18/2010
Decision Date:	01/02/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This is a 48 year old male who suffered a work related injury on 01/18/2010. The injured worker has diagnoses of post right Lumbar 3 - Lumbar 4 laminotomy, laminoplasty, needle facetectomy, and micro depression on 2/06/2010. Also, chronic lumbar radiculopathy, right knee internal derangement/degenerative joint disease with tear in the medial and lateral meniscus, left knee internal derangement/degenerative joint disease with tear in the medical meniscus. A narrative progress note dated 06/16/2014 documents the injured worker is continuing with the use of medications. The right knee is tender to palpation of the medial joint line, and there is medial pain with McMurray's Maneuver. There is mild patellofemoral irritability with satisfactory patella excursion and tracking. The left knee has tenderness to palpation over the medial and lateral joint line. There is mild patellofemoral irritability with satisfactory patella excursion and tracking. The utilization review documents the injured worker has had increased pain with weight-bearing at both knees. The injured worker had physical therapy initiated on 8/11/2014 and by 8/27/2014 6 sessions were completed and the report states that strength and mobility have increased. Physical therapy to bilateral knees for two times a week for 6 weeks is being requested. Utilization review dated 09/12/2014 is modifying the request to physical therapy x 3 to bilateral knees with transition to a home exercise program. The Official Disability Guidelines and ACOEM Guidelines were used for this determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 to bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines

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

Decision rationale: According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). 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.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore Physical therapy 2 x 6 bilateral knees is not medically necessary.