

Case Number:	CM15-0010729		
Date Assigned:	01/28/2015	Date of Injury:	05/13/2013
Decision Date:	03/18/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/20/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female, with a reported date of injury of 05/13/2013. The diagnoses include bilateral knee joint pain, left greater than right. Treatments have included oral medications, physical therapy for the left knee, and an MRI of the left knee on 09/12/2013, which showed a subtle intermediate signal grade 3 tear, mild-to-moderate patellofemoral chondromalacia with focal chondral fissuring to bone in the central trochlea and central patella with subchondral changes. The medical report dated 11/12/2014 indicates that the injured worker had persistent left knee pain. She felt that the physical therapy was very beneficial for her. The orthopedic surgeon recommended surgery for the left knee. The objective findings included normal muscle tone in the bilateral lower extremities, normal range of motion of the bilateral lower extremities, and antalgic gait, tenderness to palpation over the medial joint line, medial aspect of the left knee and medial posterior knee, and some swelling. The treating physician requested six additional physical therapy sessions for the left knee for strengthening of the quadriceps. On 01/03/2015, Utilization Review (UR) denied the request for six (6) additional physical therapy sessions for the left knee over four weeks, noting that there was no documentation of any objective findings of functional improvement as a result of the prior sessions of physical therapy and the requested additional six sessions exceeds the guideline recommendations. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Physical Therapy Visits for The Left Knee Over 4 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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) The patient underwent 6 physical therapy sessions without documentation of clear benefit and objective findings of functional improvement. There is no clear rationale for additional physical therapy. There is no documentation that the patient is not able to do home exercise. Therefore, the request for 6 Additional Physical Therapy Visits for The Left Knee Over 4 Weeks is not medically necessary.