

Case Number:	CM15-0125677		
Date Assigned:	07/10/2015	Date of Injury:	01/16/2015
Decision Date:	09/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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, Alabama, 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 64 year old male with an industrial injury dated 01-16-2015. The injured worker's diagnoses include right knee medial and lateral meniscus tears, commuted fracture of the right lateral tibial plateau and neck and back sprain and strain. Treatment consisted of MRI of the right knee, over the counter pain medications, 24 sessions of physical therapy for right knee and periodic follow up visits. In a progress note dated 05-22-2015, the injured worker reported right knee pain, occasional neck pain and occasional back pain. The injured worker rated current right knee pain a 2-3 out of 10. Objective findings revealed slow and antalgic gait. The treating physician reported that the injured worker was wearing a right knee brace. Magnetic Resonance Imaging (MRI) of the right knee dated 02-13-2015 revealed comminuted fracture of the lateral tibial plateau with minimal depression, increased signal along the free edge of the lateral meniscus suspicious of a tear with increased signal in the medial meniscal remnant more consistent with a re-tear than post-surgical changes. MRI also revealed degenerative changes of the patellofemoral joint space with thinning of the posterior patellar cartilage and marrow edematous changes in patella. The treating physician prescribed services for physical therapy 2 times a week for 6 weeks for the right knee, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Physical Therapy.

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 24 sessions of physical therapy without clear documentation of efficacy. There is no documentation that the patient cannot perform home exercise program. Therefore, the request for 12 physical therapy sessions for the right knee is not medically necessary.