

Case Number:	CM15-0034821		
Date Assigned:	03/03/2015	Date of Injury:	11/05/2003
Decision Date:	04/10/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/24/2015

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 63 year old male who sustained a work related motor vehicle accident injury on November 5, 2003. The injured worker is status post arthroscopy of the right knee in 2004. The injured worker was diagnosed with sprain of knee and leg, sprain iliofemoral and status post fracture ribs. According to the primary treating physician's progress report on February 12, 2015 the patient continues to experience right knee pain with swelling and pain with range of motion. The documentation noted the 3rd Synvisc injection was administered to right knee on this date. Current medications are noted as requested and authorized for Voltaren XR and Protonix. No other medications were documented. Treatment modalities are not documented. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Physical Therapy of the right knee (integrated), 3 times a week for 4 weeks as an outpatient. On February 24, 2015, the Utilization Review denied certification for Physical Therapy of the right knee (integrated), 3 times a week for 4 weeks as an outpatient. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy of the right knee (integrated), three times a week for 4 weeks as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Chronic pain disorders.

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)"In this case, the injury is more than 10 years old; however, there is no documentation of previous physical therapy sessions and there outcome. There are no recent objective findings that support musculoskeletal dysfunction of the right knee requiring additional physical therapy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for Physical Therapy of the right knee (integrated), three times a week for 4 weeks is not medically necessary.