

Case Number:	CM14-0140772		
Date Assigned:	09/10/2014	Date of Injury:	01/16/2014
Decision Date:	10/07/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The injured worker is a 62-year-old female who sustained an injury on 01/16/14. She underwent right knee diagnostic arthroscopy, partial patellectomy, and patellar tendon repair on 01/24/14. On 06/26/14 her pain was at 4/10. On exam, it was indicated that her range of motion was slowly improving. She had improved knee mechanics and flexion. Knee swelling was down. Patellar mobility is fair. The patient was on Colace, Prilosec, Tylenol with Codeine, Flexeril, and Voltaren Extended Release, which relieved the effects of the injury and allowed for function at current level. Magnetic resonance imaging of the right knee was negative for medial meniscal tear on 09/02/14. As per the last report, she had completed 22 approved physical therapy sessions and it was indicated that it helped improved her range of motion and strength. The diagnosis was right knee pain. Prior treatments included medications, knee immobilizer for the right knee, wheelchair, and injection of Toradol 30 milligrams intramuscularly on 01/16/14 which reduced her pain. Earlier requests for physical therapy indicated that 8 sessions were approved on 04/11/14, 4 approved on 06/04/14, 10 approved on 06/06/14. Eight (8) physical therapy sessions were denied on 07/14/14. The request for physical therapy 2 times a week for 4 weeks to the right knee was denied on 08/21/14 due to lack of medical necessity.

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 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee, physical therapy

Decision rationale: As per CA MTUS guidelines, physical medicine 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. As per Official Disability Guidelines, Physical therapy is recommended for chronic knee pain; allowing for physical therapy; 34 visits for post-surgical treatment of patellar tendon repair. In this case, the injured worker has received 22 physical therapy visits; however, there is no record of progress notes with documentation of objective measurements. Furthermore, the records lack detailed pain level and functional assessment to support any indication of more physical therapy visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Therefore, the requested physical therapy visits are not medically necessary according to the guidelines and based on the available clinical information.