

Case Number:	CM14-0155529		
Date Assigned:	09/25/2014	Date of Injury:	03/13/2009
Decision Date:	11/05/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 Internal Medicine, has a subspecialty in HPM, and is licensed to practice in Pennsylvania. 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 51-year-old woman with a date of injury of 03/13/2009. An office visit note by [REDACTED] dated 03/20/2014 identified the mechanism of injury as hearing a "pop" in the left knee when the worker was attempting to lift a heavy drawer; the worker later developed left knee pain. Office visit notes by [REDACTED] dated 03/20/2014, 06/04/2014, 07/31/2014, 08/18/2014, and 09/11/2014 indicated the worker was experiencing left knee pain and then developed right knee and lower back pain also. The left knee was also sometimes giving way. Numerous treatments had been attempted, including extensive physical therapy, without benefit. Documented examinations consistently described a moderate amount of fluid in the left knee joint, tenderness at the left knee joint line, and a positive left McMurray's sign. The submitted and reviewed documentation concluded the worker was suffering from left knee arthritis. Treatment recommendations included repeating physical therapy, a brace, and oral and injected medicines. A Utilization Review decision by [REDACTED] was rendered on 09/16/2014 recommending non-certification for physical therapy for the left knee twice weekly for three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2xwk x 3wks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2- Pain Interventions and Treatments, Physical Medicine Page(s): 98-99.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicates the worker was experiencing initially left knee pain and later developed right knee and lower back pain also. The reviewed records concluded the worker was suffering from left knee arthritis. Treatment had included extensive physical therapy without any benefit. There was no discussion suggesting why additional physical therapy sessions would be expected to improve the worker's functional and/or pain levels now. There was also no indication if the worker had continued or restarted the prescribed active therapies at home. In the absence of such evidence, the current request for physical therapy for the left knee twice weekly for three weeks is not medically necessary.