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| Case Number: | CM14-0173119 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 12/03/2013 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 10/10/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 48 year old male with date of injury of 12/3/2013. A review of the medical records indicates that the injured worker is undergoing treatment for strain of the left knee with meniscal tear. Subjective complaints include continued pain in the left knee. Objective findings include limited range of motion of the left knee; strength is 3/5; tenderness to palpation of the medial and anterior aspects of the knee. Treatment has included surgical intervention, Naproxyn and 18 previous sessions of physical therapy. The utilization review dated 10/10/2014 non-certified 12 sessions of physical therapy for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy over 4 Weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter, Patellar Brace

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 329-360, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Medicine, Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG reports limited positive evidence to support physical therapy for knee complaints. ODG specifies, "It is important for the physical therapy provider to document the patient's progress so that the physician can modify the care plan, if needed. MTUS guidelines further state, "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section."The injured worker has received 18 total physical therapy session post knee surgery over the course of at least 6 months. The request for an additional 12 sessions of physical therapy is in excess of guidelines, which recommend 24 total sessions post-arthroplasty. As such, the request for 12 Sessions of Physical Therapy over 4 Weeks for the Left Knee is not medically necessary.