

Case Number:	CM13-0019370		
Date Assigned:	10/11/2013	Date of Injury:	10/08/2008
Decision Date:	04/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Illinois. 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 patient is a 32-year-old male who reported an injury on 10/08/2008 after a fall through an assembly table that reportedly caused injury to the left knee. The patient underwent surgical intervention followed by conservative treatment, to include physical therapy, multiple medications, a home exercise program, a TENS unit and psychological support. The patient's most recent clinical evaluation documented that the patient had limited range of motion in the left knee with tenderness to palpation over the medial aspect at the joint line. It was also documented that the patient had a history of falls and would require physical therapy for gait training. The patient's diagnoses included left knee pain. The patient's treatment plan included 6 visits of physical therapy for gait training and continued psychological report.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The requested 6 physical therapy sessions are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does recommend physical therapy for patients who have deficits of range of motion weakness and pain complaints. The clinical documentation does support that the patient has deficits of range of motion, weakness and pain complaints. It is noted that the patient previously participated in physical therapy and has also participated in a home exercise program. Therefore, a short course of physical therapy may be appropriate for this patient. However, the request as it is written does not clearly identify for what body part the physical therapy is being requested. Therefore, the appropriateness of the request cannot be determined. As such, the requested 6 physical therapy sessions is not medically necessary or appropriate.