

Case Number:	CM13-0022895		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2013
Decision Date:	03/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 applicant has filed a claim for chronic knee pain associated with an industrial injury of January 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; left knee arthroscopy, ACL reconstruction surgery and meniscectomy surgery on May 23, 2013; 24 sessions of postoperative physical therapy; a knee brace; and transfer of care to and from various providers in various specialties. A later handwritten progress note of August 21, 2013 is difficult to follow, not entirely legible, and notable for comments that the applicant is doing well with physical therapy. Well-preserved range of motion to 130 degrees is noted. 4/5 strength is noted. The applicant was asked to employ a custom knee brace, pursue additional physical therapy, and continue unchanged work restrictions. It was not clearly stated that the applicant in fact returned to work at this point. A later handwritten progress note of November 21, 2013 states that the applicant returned to regular duty work as of November 22, 2013 through usage of a home exercise program. There was some residual strength deficiency appreciated on that day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: As noted in the postsurgical treatment guidelines in MTUS 9792.24.3.c.4, the frequency of visit should be gradually reduced as an applicant gains independence in management of symptoms and with achievement of functional goals. In this case, the applicant had already had prior treatment (24 sessions), seemingly at the upper end of the course endorsed in MTUS 9792.24.3 following ACL reconstruction surgeries. The applicant ultimately did effect a near-full recovery and did ultimately return to regular work. However, the applicant had already had 24 sessions as of the date of the request for 12 additional sessions of treatment. While a lesser amount of treatment could have been supported to facilitate the applicant's transition to a home exercise program, the 12-session course of treatment being proposed here cannot as it is incompatible with the principle articulated in MTUS 9792.24.3.c.4 to reduce or taper the frequency of treatment over time. Accordingly, the request is not certified, on independent medical review.