

Case Number:	CM13-0029524		
Date Assigned:	11/01/2013	Date of Injury:	01/11/2013
Decision Date:	01/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/26/2013

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 PM&R, 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 underlying date of injury in this case is 01/11/2013. The primary diagnosis is internal derangement of the knee as well as a sprain/strain of the deltoid ligament of the ankle. The initial mechanism of injury is that the patient tripped and lacerated her right knee and injured her left ankle. A prior physician review notes that the patient received at least 17 physical therapy sessions between 04/23/2013 and 07/30/2013, although with limited clinical detail. The prior review concluded that there was no indication in the medical records that this patient required additional supervised therapy beyond the past physical therapy provided to the patient. On 06/28/2013, a primary treating physician's progress report and request for continued physical therapy to the lumbar spine and left knee was submitted. That note indicates that the patient's physical therapist reported that the patient's progress was poor and the patient only had 20% compliance. The patient was advised that she needed to complete her physical therapy to receive the most relief after therapy. That note provided the opinion that after the patient completed her psychological treatment, she would likely be able to continue her physical therapy as previously recommended. On 05/13/2013, an orthopedic progress note indicates that the patient was provided instructions on a home exercise program as well as oral anti-inflammatory medications to be used on an as-needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/physical therapy

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends, "Allow for fading of treatment frequency plus active self-directed home physical medicine." The medical records in this case indicate that this patient was noncompliant with supervised physical therapy and was instructed in a home exercise program. The medical records suggest that this patient might benefit from additional supervised physical therapy at a future time after mental health treatment. The medical records do not provide a rationale at this time as to why additional supervised therapy would be more effective or indicated as compared to continued independent home rehabilitation. This request is not medically necessary.