

Case Number:	CM13-0043535		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2013
Decision Date:	04/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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 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 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:

According to the records made available for review, this is a 27-year-old female with an 8/24/13 date of injury. At the time (10/2/13) of request for authorization for additional physical therapy (12 sessions), there is documentation of subjective (improving left knee pain) and objective (full range of motion with pain at end range of flexion, and tight and tender iliotibial band at insertion lateral knee) findings, current diagnoses (left knee contusion and strain), and treatment to date (Tylenol, 9 sessions of physical therapy, home exercise program, and work restrictions). There is no documentation of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services, from previous physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Knee Complaints Chapter (ACOEM Practice Guidelines) Page(s): 337-.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation (ODG) Knee Chapter and the Title 8, California Code of Regulations, Section 9792.20

Decision rationale: The Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of knee strain not to exceed 12 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of left knee contusion and strain. In addition, there is documentation of subjective (improving left knee pain) and objective (full range of motion with pain at end range of flexion, and tight and tender iliotibial band at insertion lateral knee) findings, and 9 sessions of physical therapy sessions completed to date. However, there is no documentation of functional benefit or improvement such as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services from previous physical therapy. In addition, the proposed number of physical therapy sessions, in addition to the treatment already completed, would exceed guidelines where there is no documentation of exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for additional physical therapy (12 sessions), is not medically necessary.