

Case Number:	CM13-0072363		
Date Assigned:	01/08/2014	Date of Injury:	04/24/2013
Decision Date:	06/05/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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:

The injured worker is a 36-year-old who reported an injury on April 24, 2013 secondary to a fall. The diagnosis includes left knee pain status post fixation. The injured worker was evaluated on December 5, 2013 for reports of medication refill. The exam noted no erythema and well healed portal scars. The injured worker has attended 24 post-surgical physical therapy sessions. The injured worker attended twelve physical therapy sessions with functional improvement from August 30, 2013 through October 7, 2013. The left knee range of motion at -10 degrees extension and 90 degrees flexion on August 30, 2013 and 0 degrees extension and 125 degrees flexion on October 7, 2013. The physical therapy notes from December 11, 2013 do not provide evidence of objective findings of increased function since the completion of the previous session of physical therapy. The treatment plan included continued medication therapy and physical therapy. The request for authorization was not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT SESSIONS OF PHYSICAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 25.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend continued physical medicine treatments past a total of twenty-four treatments if there is no functional gain. The previous session of physical therapy indicated function improvement. However, the most recent session of physical therapy does not include objective findings to support functional improvement. In addition, the request for eight additional sessions of therapy would exceed guideline recommendations for total duration of care in combination with the previous twenty-four visits. The request for eight sessions of physical therapy is not medically necessary or appropriate.