

Case Number:	CM14-0000038		
Date Assigned:	01/17/2014	Date of Injury:	12/02/2013
Decision Date:	06/26/2014	UR Denial Date:	12/17/2013
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 46-year-old male who reported an injury on 12/02/2013 as a result from a slip and fall. Within the clinical note dated 12/06/2013, the injured worker reported left knee pain. The results from his MRI that revealed a partial tear of the anterior aspect of the medial collateral ligament and medial patellar retinaculum and severe chondromalacia patellae. The medication listed included Tylenol 500 mg 2 tabs in the morning and 2 at night as needed which was able to control his pain. The physical exam revealed very slight swelling on the upper medial side anteriorly and the injured worker had a slight limp. The diagnoses listed included acute left knee medial collateral ligament and medial patellar retinaculum partial tear, severe chondromalacia patellae, and left knee effusion. The Request for Authorization was dated 12/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHTEEN (18) INITIAL SESSIONS OF PHYSICAL THERAPY, 3 TIMES A WEEK FOR 6 WEEKS, FOR THE LEFT KNEE: Upheld

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

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

Decision rationale: The decision for 18 (3x6) initial sessions of physical therapy for the left knee is not medically necessary. The Chronic Pain Medical Treatment Guidelines, state that physical therapy is to be utilized in the presence of documented objective functional deficits. Additionally, the guidelines recommend physical therapy for myalgia myositis is no more than 9 to 10 visits over 8 weeks. Within the submitted medical records, the injured worker did not have any documented objective functional deficits during the physical examinations. Furthermore, there was documentation that the injured worker has already started a physical therapy regimen and has eclipsed of the acute phase of injury into the chronic pain phase of injury. Given the request of 18 initial sessions conflicted by physical therapy that is already started, the lack of documentation of objective functional deficits, and the requested 18 sessions exceeding the guideline recommendations for maximum number of visits, the request cannot be supported by the guidelines at this time. As such, the request is not medically necessary.