

Case Number:	CM14-0000041		
Date Assigned:	01/10/2014	Date of Injury:	03/12/2013
Decision Date:	04/15/2014	UR Denial Date:	12/26/2013
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:

This 34 year-old male sustained an injury on 3/12/13 while employed by [REDACTED]. Request under consideration include Additional physical therapy 2x per week for left knee per report 11/13/13 qty: 12. Report of 7/7/13 noted knee exam showing later joint line tenderness; normal popliteal space, patellar tracking and mechanisms; no crepitation with extension/ flexion; no patellar grinding; joint stability normal in medial, lateral, anterior/posterior drawer; negative Lachman's and pivot tests along with McMurray's and Apley tests bilaterally. Previous conservative treatment has included PT, medications, and activity modification. Report of 11/13/13 from the provider noted patient with complaints of left calf, posterolateral knee and left midfoot pain. Exam noted lateral joint line pain; and tenderness of left midfoot overlying base of third metatarsophalangeal joint. MRI of the left foot noted 3rd MTP joint capsulitis; Left knee MRI showed mild ACL sprain. Treatment plan included anti-inflammatory medication for the foot and further physical therapy for the left knee 2x6. Request for additional PT was non-certified on 12/26/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X PER WEEK FOR LEFT KNEE PER REPORT 11/13/13 QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines-- Sprains and strains of knee and leg;Cruciate ligament of knee (ACL tear).

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

Decision rationale: This 34 year-old male sustained an injury on 3/12/13 while employed by [REDACTED]. Request under consideration include Additional physical therapy 2x per week for left knee per report 11/13/13 qty: 12. Report of 7/7/13 noted knee exam showing later joint line tenderness; normal popliteal space, patellar tracking and mechanisms; no crepitation with extension/ flexion; no patellar grinding; joint stability normal in medial, lateral, anterior/posterior drawer; negative Lachman's and pivot tests along with McMurray's and Apley tests bilaterally. Previous conservative treatment has included PT, medications, and activity modification. Report of 11/13/13 from the provider noted patient with complaints of left calf, posterolateral knee and left midfoot pain. Exam noted lateral joint line pain; and tenderness of left midfoot overlying base of third metatarsophalangeal joint. MRI of the left foot noted 3rd MTP joint capsulitis; Left knee MRI showed mild ACL sprain. Treatment plan included anti-inflammatory medication for the foot and further physical therapy for the left knee 2x6. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is no clear measurable evidence of progress with previous PT including milestones of increased ROM, strength, and functional capacity. Provider's dated report has no documentation of new acute injury or flare-up to support for formal PT as the patient should continue his previously instructed independent home exercise program. Clinical exam of the knee indicates some tenderness; otherwise is unremarkable without neurological deficits or change in medical condition. The patient has received at least 12 sessions of PT previously. Without documentation of current deficient baseline with clearly defined goals to be reached, medical indication and necessity for formal PT has not been established. The Additional physical therapy 2x per week for left knee per report 11/13/13 qty: 12 is not medically necessary and appropriate.