

Case Number:	CM14-0101909		
Date Assigned:	07/30/2014	Date of Injury:	07/20/2010
Decision Date:	09/22/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/02/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 28-year-old female who reported an injury on 07/20/2010. The mechanism of injury was not provided. On 06/04/2014, the injured worker presented with right knee pain. Upon examination, the injured worker had a marked antalgic gait favoring the right lower extremity and was unable to heel to toe walk. There was significant atrophy of the upper thigh, calf, and the right lower extremity when compared to the left and a well healed hypertrophic scar extended from the lateral aspect of the knee cap to the right lower extremity and to the upper leg and over the medial tibial plateau. The whole lateral aspect of the right knee and lower leg had a loss of sensation. The right knee was full, swollen, and hot when compared to the left knee and she was able to fully extend to the right but complained of pain as well as sensation of popping. The diagnoses were right knee internal derangement, diffuse regional myofascial pain and chronic pain syndrome. Prior treatment included surgery, physical therapy, and medications. The provider recommended physical therapy 6 sessions 2 times 3 weeks at the FRP program PT Center, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 sessions 2x3 weeks at his FRP program's PT Center: Upheld

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

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

Decision rationale: The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. The guidelines recommend up to 10 visits of physical therapy, the amount of physical therapy visits that have already been completed were not provided. Additionally, injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.

**Evaluation and 5 sessions for a total of 6m sessions pain psychology, 1x6 weeks at [REDACTED]
[REDACTED] FRP program:** Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 19-114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

Decision rationale: The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self-care as soon as clinical feasible. The lack of documentation, on how an evaluation will allow the provider to evolve in a treatment plan, or goals for the injured worker. Clarification is needed as to the provider's specific request. As such, the request is not medically necessary.