

Case Number:	CM14-0129311		
Date Assigned:	08/18/2014	Date of Injury:	12/03/2013
Decision Date:	09/23/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 25-year-old male who reported an injury on 12/03/2013. The mechanism of injury was not provided for clinical review. The diagnoses included left knee arthrofibrosis, possible ACL tear. The previous treatments included medication, surgery. Diagnostic testing included an MRI. Within the clinical note dated 07/17/2014, it was reported the injured worker complained of intermittent pain in her lower back which she described as a dull, achy pain. She rated her pain 7/10 in severity. She complained of numbness and tingling in the left leg. The injured worker complained of occasional pain in her right hip rated 5/10 in severity. She complained of constant pain in her left knee rated 9.5/10 in severity. The injured worker complained of left foot pain which she described as sharp and throbbing rated 9/10 in severity. Upon the physical examination of the lumbar spine, the provider noted a positive bilateral straight leg raise. The injured worker had moderate paraspinal tenderness and spasms bilaterally. The provider noted the lumbar range of motion was flexion at 50 degrees, and extension at 20 degrees. The injured worker had tenderness to palpation of the right thigh and hip. The provider noted the injured worker had tenderness to palpation of the left knee. The provider requested physical therapy. However, a rationale was not provided for clinical review. The Request for Authorization was provided and submitted on 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6 to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC) Knee and Leg Procedure Summary (06/05/2014).

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

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia or myalgia 8 to 10 visits of physical therapy are recommended. The request submitted of 12 sessions exceeds the guidelines recommendations of 8 to 10 visits of physical therapy. There is lack of documentation indicating if the injured worker has previously undergone physical therapy or the number of sessions the injured worker had undergone. There is lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, or decreased strength and flexibility. Therefore, the request for physical therapy 3 times 6 to the left knee is not medically necessary.