

Case Number:	CM14-0155058		
Date Assigned:	09/25/2014	Date of Injury:	04/04/2014
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 44-year-old male with a 4/4/14 date of injury. A specific mechanism of injury was not described. According to a 7/23/14 progress report, the patient continued to complain of pain to the left knee with difficulty ambulating. He continues to use a cane and has a limp. Objective findings: limited range of motion of left knee with pain, tender over the insertion site of the semimembranosus and posteriorly over the medial aspect of the left knee, tender over the lateral collateral ligament. Diagnostic impression: left knee ACL strain, left knee partial tear of semimembranosus musculotendinous junction, gouty arthritis (left knee). Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/3/14 denied the request for physical therapy. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy two (2) times a week for three (3) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg /Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Knee Chapter, and the ACOEM, Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, it is noted that the patient has had previous physical therapy. It is unclear how many sessions he has had previously. Guidelines support up to 12 visits over 8 weeks for knee strain. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for continued physical therapy two (2) times a week for three (3) weeks is not medically necessary.