

Case Number:	CM14-0158072		
Date Assigned:	10/01/2014	Date of Injury:	08/23/2012
Decision Date:	12/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine, and is licensed to practice in Florida. 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 patient is a 39-year-old male who sustained a work related injury on 8/27/2012. The mechanism of injury is described as a trailer tire ran over his ankle and strained his knee. In 2/2013 he underwent a left ankle ORIF (Open Reduction and Internal Fixation.) Regarding his knee injury and MRI revealed a high-grade tear of the medial collateral ligament and strain of the anterior cruciate ligament. He was diagnosed with a grade 2 MCL sprain. Records indicate that consultation with a surgical specialist has been recommended, but no surgery has yet been performed. A 9/3/2014 physical exam note stated that he had tenderness in the left knee joint line. Left knee extension was noted to be near normal. Left knee flexion is 110 degrees. Strength in the left knee was noted to be 4/5. No other changes to this patient's physical exam were noted on comparison with prior, recent exams. He has been tried on medications for pain, including Tramadol and Diclofenac. He also recently completed an initial course of physical therapy. He has not yet returned to work. A request was made for additional physical therapy treatments sessions, specifically "3x4." A utilization reviewer has only recommended an additional 4 therapy sessions. Likewise, an independent medical review was requested to determine the medical necessity of these additional therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy left knee 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12 Edition (web), 2014 Knee and Leg, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 132-133.

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy, but now his physician is requesting an additional 3 x 4 sessions. The guidelines recommend fading of treatment frequency, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.