

Case Number:	CM14-0169742		
Date Assigned:	10/20/2014	Date of Injury:	04/29/2014
Decision Date:	11/20/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 is a 31-year-old male with a 4/29/14 date of injury. The mechanism of injury occurred when an ATM fell onto his knee and cut his leg. According to a progress report dated 9/29/14, the patient complained of intermittent moderate burning left knee pain with weakness, rated as a 7/10. Objective findings: tenderness to palpation of the lateral joint line, medial joint line, and superior border of patella; McMurray's causes pain; mild swelling of left knee; antalgic gait. Diagnostic impression: left knee internal derangement, anxiety, depression. Treatment to date: medication management, activity modification, physical therapy. A Utilization Review (UR) decision dated 10/7/14 denied the request for physical therapy. The patient has already been authorized for 24 visits of physical therapy, already exceeding the guideline recommendation of 9-10 visits for his diagnosis of left knee internal derangement. Furthermore, there is no physical therapy update indicating an appreciable improvement in the patient's function as a result of the therapy already received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1-2 times a week for 6 weeks: 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 Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function, Chapter 6, page 114 Official Disability Guidelines (ODG) Knee Chapter - Physical Therapy

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, in the present case, guidelines support up to 9 visits over 8 weeks for this patient's diagnosis of left knee internal derangement. According to the UR decision dated 10/7/14, he has been authorized for 24 visits of physical therapy, which already exceeds guideline recommendations. It is unclear how many sessions he has completed. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, there is no documentation as to why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for Physical therapy 1-2 times a week for 6 weeks was not medically necessary.