

Case Number:	CM14-0032984		
Date Assigned:	04/23/2014	Date of Injury:	02/29/2012
Decision Date:	07/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 47-year-old female with date of injury 02/29/2012. Per progress report 12/05/2013, the patient complains of right knee pain with a diagnoses of right knee instability from right knee ACL tear, having developed gait problem whereby the lumbar spine is starting to hurt her severely. The patient has hepatitis C but given clearance through private physician that there should be no problem with right knee surgery. Objective findings remain unchanged and listed diagnoses are: 1. Chronic injury right pelvis with moderate to severe pain; 2. Disk pathology C5-C6; 3. Degenerative disk disease, cervical; 4. Radiculopathy, cervical; 5. Prior pelvic fracture with open reduction internal fixation; 6. Compensatory right hip musculoligamentous injury; 7. Possible ACL tear right knee; 8. Musculoligamentous injury, C-spine. Under treatment plan, medication monitoring, requesting authorization for cane, and now, a knee brace, use H- wave for lumbar spine. Also, request transdermal analgesic ointments to improve patient's symptoms potentially decrease use of oral medications. 10/03/2013 report is also reviewed, which states the patient has cane dependency and right knee brace dependency and now developing pain and calluses on her left hand and starting to develop low back pain secondary to limping and antalgic gait. Objective findings were unchanged. Her treatment plan/recommendation was for immediate evaluation with an internal medicine specialist. Given pending surgical intervention of the right knee as the patient has well known ACL tear instability of the right knee. 07/18/2013 indicates for treatment plan that the patient is in need of right knee surgical intervention, and the request was for hematology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X PER WEEK X 6 WEEKS ON THE RIGHT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with persistent right knee pain. The treating physician indicates that the patient has knee instability with ACL tear pending surgery. The request was for additional physical therapy 2 times a week for 6 weeks. Progress reports from 07/18 to 12/05/2013 are provided for review. These reports do not show that the patient has had prior physical therapy, but given the request for "additional physical therapy," it would appear that the patient has had physical therapy for this condition. There is no physical therapy reports provided, no MRI or operative reports provided for this review. MTUS Guidelines recommended 9 to 10 sessions of physical therapy for myalgia, myositis, and the type of condition that this patient suffers from. A more prolonged course of physical therapy may be required given the patient's diagnoses of ACL tear and instability if surgery is to be avoided. However, in this patient, the treating physician is making active plans for surgical intervention of the right knee. The treater does not explain why additional physical therapy is required or needed at this point. The patient appears to have had physical therapy in the past without functional improvement or improvement of pain. There is no discussion of home exercise or how the patient is managing the pain, but the treating physician is recommending surgical intervention. The current request for 12 sessions does not appear medically reasonable particularly in the light of the fact that the patient is anticipating surgical intervention.