

Case Number:	CM14-0033157		
Date Assigned:	03/17/2014	Date of Injury:	12/09/2009
Decision Date:	04/16/2014	UR Denial Date:	02/21/2014
Priority:	Expedited	Application Received:	03/17/2014

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 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 46 year-old female sustained a left knee injury from a slip and fall landing on buttocks, twisting left knee on 12/9/09 while employed by [REDACTED]. Request under consideration include URGENT physical therapy 2xWk x 3Wks left knee. MRI of the left knee dated 7/15/13 showed bone marrow contusion along the lateral and medial tibial plateaus with microtrabecular fractures; increased signal suggestive of partial tearing of anterior cruciate ligament; mild medial collateral sprain; menisci were intact; mild chondromalacia of medial knee joint compartment and patella lateral facet; moderate joint effusion; and mild prepatellar edema. Conservative care has included an unspecified quantity of physical therapy. Hand-written report of 1/31/14 was mostly illegible- noting left knee pain; no other objective findings documented. Diagnosis was left knee sprain and unspecified internal derangement of knee. There was a therapy report dated 1/8/14 noting initial evaluation date of 12/15/13 for her exacerbation of her MCL. It was noted 6 visits were spent reducing the irritation of her MCL and pes bursa and request for additional visits to start her on a home exercise program. Pain level documented initial level of 5/10, 8/10, and 4/10 with reevaluation showing 4/10, 6/10 and 5/10, unchanged with symptoms of notation of same inability to exercise expressed by the patient with normal sleep reduced to 50% unchanged from initial evaluation. Strength of 3/5 remained unchanged at PT re-evaluation with only partial resolution of some range of motion and inability to work. Request of Urgent PT above was non-certified on 2/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT physical therapy 2xWk x 3Wks left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine . Decision based on Non-MTUS Citation ODG Knee & Leg, Physical Medicine

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

Decision rationale: This 46 year-old female sustained a left knee injury from a slip and fall landing on buttocks, twisting left knee on 12/9/09 while employed by [REDACTED]. Request under consideration include URGENT physical therapy 2xWk x 3Wks left knee. Conservative care has included an unspecified quantity of physical therapy. Hand-written report of 1/31/14 was mostly illegible- noting left knee pain; no other objective findings documented. Diagnosis was left knee sprain and unspecified internal derangement of knee. There was a therapy report dated 1/8/14 noting initial evaluation date of 12/15/13 for her exacerbation of her MCL. It was noted 6 visits were spent reducing the irritation of her MCL and pes bursa and request for additional visits to start her on a home exercise program. Pain level documented initial level of 5/10, 8/10, and 4/10 with reevaluation showing 4/10, 6/10 and 5/10, unchanged with symptoms of notation of same inability to exercise expressed by the patient with normal sleep reduced to 50% unchanged from initial evaluation. Strength of 3/5 remained unchanged at PT re-evaluation with only partial resolution of some range of motion and inability to work. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. The employee has received more than the amount of therapy sessions recommended per the Guidelines without demonstrated evidence of functional improvement to allow for additional therapy treatments. The URGENT physical therapy 2xWk x 3Wks left knee is not medically necessary and appropriate.