

Case Number:	CM14-0053010		
Date Assigned:	07/07/2014	Date of Injury:	11/29/2012
Decision Date:	08/06/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain Medicine 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:

The injured worker is a 43-year-old female with an industrial injury on November 29, 2012. The injured worker's diagnoses include medial collateral ligament injury, knee pain, history of open medial collateral ligament allograft reconstruction, and obesity. To date, the patient has had 12 sessions of postoperative physical therapy authorized, and then an additional 6 visits of his book therapy were authorized. The rationale for this extension of physical therapy was that the patient had been noncompliant with wearing her brace and the patient's recovery was complicated by obesity. The disputed issue is a request for additional physical therapy 2 times a week for 4 weeks. A utilization review determination on March 25, 2014 had non-certified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) 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 Medicine Section Page(s): 99.

Decision rationale: In the case of this injured worker, a progress note on 4/3/2014 documents that there has been a history of knee surgery done approximately 3 months ago. The patient had left knee medial collateral ligament reconstruction. The postoperative guidelines of the California Medical Treatment and Utilization Schedule do not have specific recommendations with regard to postoperative course following this type of surgery. Instead the general physical medicine guidelines of the Chronic Pain Medical Treatment Guidelines are utilized. These guidelines recommend tapering of physical therapy with transition to self-directed home exercises. In the case of this injured worker, there is documentation that the patient is "doing exceptionally well at this time." There is documentation that the patient needs to "continue to rehab her knee." However there is no documentation as to why the patient cannot be transitioned to a self-directed home exercise program at this stage to continue her rehabilitation. Therefore, this request is not medically necessary.