

Case Number:	CM14-0055511		
Date Assigned:	07/09/2014	Date of Injury:	09/25/2012
Decision Date:	08/11/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 Management, and is licensed to practice in Texas and Ohio. 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 34-year-old who reported an injury on September 25, 2012. The mechanism of injury was not provided in the medical records. The clinical note dated June 18, 2014 indicated diagnoses of status post left ACL reconstruction and low back pain. The injured worker reported he still had knee pain and his knee was weak. He had pain with clicking and some locking in his knee. On physical examination, he had no effusion and range of motion was from 0 degrees to 135 degrees. He had tightness anteriorly with maximum flexion. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The provider submitted a request for eight additional sessions of physical therapy. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight additional physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the number of sessions completed and the efficacy of the prior therapy. In addition, there is lack of documentation including an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the request did not indicate a timeframe for the physical therapy or a body part for the physical therapy. Therefore, the request for eight additional physical therapy sessions is not medically necessary or appropriate.