MAXIMUS Federal Services

Case Number:	CM14-0069852		
Date Assigned:	07/14/2014	Date of Injury:	11/16/2013
Decision Date:	10/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational 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:

There were 162 pages provided for this review. It was for additional physical therapy three times a week for five weeks for the left knee. The request was signed by the claimant, but not dated. There was an August 11, 2014 plan of care from the therapist. The chief complaint was pain, and at its worst it was eight out of 10. The diagnosis was left knee pain. The claimant is a 40-year-old male Sheriff who was referred to physical therapy status post arthroscopy, arthroscopic debridement, and a closed manipulation on July 28, 2014. He initially injured his knee back in November 2013 while at work and chasing a suspect. He ruptured his patellar tendon. He had more surgery secondary to a lack of range of motion due to scar tissue buildup. He uses a CPM machine at home and reports about 100 degrees of flexion. He also has discomfort and pain. There was an initial evaluation from August 11, 2014. The plan was for three visits a week for six weeks of therapy. It is noted on June 2, 2014 that the patient had a few visits but it had not helped. He is walking with a cane. There was another Select physical therapy note from April 25, 2014 the documents 35 total therapy visits. The condition was a rupture of the patellar tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 3 times a week for 5 week for the left 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 Page(s): 98 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Physical Therapy

Decision rationale: The MTUS is silent on this particular post-surgical situation. The Official Disability Guidelines notes: Patellar tendon rupture (ICD9 727.66): Post-surgical treatment: 34 visits over 16 weeks, which the claimant has received. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite:1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general.2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization.Therefore, this request is not medically necessary.