

Case Number:	CM14-0079746		
Date Assigned:	07/18/2014	Date of Injury:	07/13/2012
Decision Date:	08/25/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 Missouri and 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 patient is a 37 year old female who was injured on 07/13/2012. She sustained an injury to her low back and bilateral knees while trying to apprehend a suspect. The mechanism of injury is unknown. She underwent left knee ACL reconstruction (date unknown) and left knee arthroscopic surgery on 01/03/2014. Her prior treatment history included 24 sessions of physical therapy. AME report dated 05/06/2013 indicates the patient presented with complaints of constant dull to sharp pain in her lower back that radiates down the left leg with tingling in the left leg and all toes. She reported her symptoms increase with physical activity and improve with rest, heat/ice and the use of medication. She stated the pain is sharp and dull in nature. Her activities of daily living are limited but she is able to perform self-care and personal hygiene. On exam, range of motion of the thoracic spine revealed bilateral rotation to 30 degrees. The lumbar spine range of motion revealed flexion to 70 degrees; extension to 25 degrees and right/left bending to 25 degrees bilaterally. Her knee and ankle jerks were present bilaterally. AROM of the knees revealed flexion to 150 degrees bilaterally and extension to 0 degrees. Her diagnoses are lumbar spine strain/sprain, status post anterior cruciate ligament repair right knee in 1995; status post right knee arthroscopy in 1999; and status post left knee anterior cruciate ligament repair on 01/07/2009. She has been recommended for 6 additional sessions of physical therapy twice a week for 6 weeks. On 05/20/2014 physical therapy note, the patient was noted the patient to be in compliance with home exercise program. Prior utilization review dated 05/21/2014, states the request for additional physical therapy 2x6 for left knee is denied as the patient has had post-operative physical therapy and should be well-versed in an independently applied home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x6 for left knee: 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): 98-99. Decision based on Non-MTUS Citation OFFICIAL
DISABILITY GUIDELINES (ODG) KNEE, PHYSICAL THERAPY.

Decision rationale: The Chronic Pain Treatment Guidelines suggest that physical therapy must be goal directed and identify both short and long term goals with percentages of the goals met at periodic time intervals. The medical records fail to document adequate progression towards goals though a course of extensive physical therapy intervention. This individual should be instructed in self management techniques and home exercises. There is no further documentation that indicates the medical necessity of additional physical therapy. Therefore, the request for additional physical therapy 2x6 for left knee is not medically necessary.