

Case Number:	CM14-0085981		
Date Assigned:	07/23/2014	Date of Injury:	11/09/2013
Decision Date:	09/25/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported an injury on 11/09/2013, after training exercise involving rescuing and extracting a fallen firefighter from an enclosed area. The injured worker reportedly sustained an injury to his left knee. The injured worker's treatment history included surgical intervention, medications, and postsurgical physical therapy. The injured worker was evaluated on 05/08/2014. It was documented that the injured worker had chronic bilateral knee pain that was improving with physical therapy. It was documented that the injured worker was taking ibuprofen occasionally to assist with pain control; however, no other medications were being utilized. It is noted that the injured worker was using a stationary bike and elliptical, and is able to run approximately 3 miles on a treadmill. It was noted that the injured worker was working full-duty without significant interference from his knee injury. The injured worker's objective physical findings included some tenderness to palpation over the medial aspect of the knee, with decreased range of motion by 10% with flexion, with a negative anterior/posterior drawer test, and medial lateral collateral ligament stress test. The injured worker's diagnoses included pain in joint, lower leg. The injured worker's treatment history included 6 additional physical therapy visits to the left knee, to assist with further improvement, and avoid injection or surgical consultation. A utilization review treatment appeal was submitted on 05/27/2014. It documented that the patient had improvement in pain and a decrease in symptomatology resulting from the previous physical therapy, and that additional physical therapy would assist in further improvements and allow the injured worker to continue full-time duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy one session a week for 6 weeks for the left knee QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines, leg and Knee, physical therapy.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the patient participated in 6 visits of physical therapy, with functional benefit. However, the clinical documentation submitted for review does not provide any significant deficits that would require further skilled supervised therapy. The clinical documentation supports that the injured worker is working as a firefighter at full duty with no restrictions, and is able to run on a treadmill for 3 miles without interference from the injury. It is noted that the injured worker is able to ride the elliptical and other equipment. As it appears the patient is well-versed in a home exercise program, and there are no factors to preclude further progress of the patient while participating in a home exercise program, additional supervised skilled therapy is not supported in this clinical situation. As such, the requested physical therapy, 1 session a week for 6 weeks for the left knee, quantity 6, is not medically necessary.