

Case Number:	CM14-0090439		
Date Assigned:	07/25/2014	Date of Injury:	08/17/2012
Decision Date:	08/28/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 31-year-old male who reported an injury on 08/17/2012. The mechanism of injury was not provided. The diagnoses were status post left knee arthroscopy and arthroscopic partial left knee with anterior cruciate ligament reconstruction and internal derangement of the left knee with a tear of anterior cruciate ligament. Prior treatment included surgery, physical therapy and medication. An MRI (magnetic resonance imaging) dated 03/14/2014 noted medial and lateral femoral tibial joint space narrowing and medial compartment osteoarthritis. It also noted extensive marrow edema in the distal femur and focal neural edema in the proximal tibia representing stress-related changes. An x-ray of the left knee demonstrated postsurgical changes. The injured worker had a left post knee arthroscopy. On 01/13/2014, the injured worker presented with complaints of left knee pain. On examination of the left knee, there was tenderness to palpation over the medial and lateral joint line and mild pain with McMurray's maneuver. There was no patellofemoral irritability with satisfactory patellar excursion and tracking. The range of motion values were 0/110 degrees. The examination of the left ankle noted increased function of all musculotendinous groups without subluxation and decreased calf muscle strength. The examination of the left foot noted no soft tissue swelling or tenderness. There were no current medications listed. The provider recommended physical therapy 2 x 6 to the left ankle, left foot, and left knee; the provider's rationale was not provided. The Request for Authorization form was dated 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 6 to left ankle, left foot, left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS states 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. 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. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as efficacy of the prior therapy. Additionally, the amount of physical therapy visits that have already been completed were not provided. Injured workers are instructed and expected to continue active therapies at home, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. As such, the request is not medically necessary.