

Case Number:	CM14-0199597		
Date Assigned:	12/10/2014	Date of Injury:	06/23/2010
Decision Date:	01/26/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab 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:

This 48 year-old patient sustained an injury on 6/23/10. Request under consideration includes 12 physical therapy (PT) sessions. Diagnoses include right knee pain; chronic pain with neuropathic component felt to be secondary to Reflex Sympathetic Dystrophy (RSD)/Complex Regional Pain Syndrome (CRPS) status post (s/p) right knee arthroscopy for lateral retinacular repair in February 2014. Conservative care has included medications, therapy, psychotherapy, and modified activities/rest. Since April 2014, the patient has received at least 20 PT visit. Report of 10//28/14 from the provider noted the patient with chronic ongoing symptoms. Exam showed unchanged findings of diffuse laxity medially and laterally with quadriceps weakness, atrophy; palpable knob at corner of patella from suture; overall not significantly different. The provider noted it had not improved or worsened. Diagnosis was right knee pain with treatment plan for continued PT. Report of 11/25/14 from the provider noted the patient is s/p arthroscopic retinacular repair of lateral side with at least 24 post-op PT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS Chronic Guidelines are applicable. Physical therapy (PT) is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. 12 physical therapy sessions are not medically necessary and appropriate.