

Case Number:	CM14-0204203		
Date Assigned:	12/16/2014	Date of Injury:	04/29/2014
Decision Date:	02/04/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 Internal 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:

The injured worker (IW) is a 31-yearold man with a date of injury of April 29, 2014. The mechanism of injury occurred when an ATM machine fell on his knees and cut his legs. The injured worker's working diagnosis is partial thickness tear, patella and quadriceps tendon; and condyle contusion, left knee. Pursuant to a progress note dated October 6, 2014, the IW complains of left knee pain rated 8/10. The pain is characterized as sharp, burning, radiating to the entire leg. He reports medications are helping. Examination of the left knee reveals flexion to 100 degrees, and extension to 0 degrees. There is tenderness to palpation at the medial joint line. The recommendation was to continue medication, physical therapy, and acupuncture. The documentation in the medical record did not contain physical therapy notes, although the IW did receive physical therapy according to the progress notes. The frequency and duration, however, are not documented in the medical record. The utilization review physician spoke with the treating physician on November 21, 2014. Utilization review indicates the IW had 24 acupuncture sessions and 30 physical therapy sessions with medication. The documentation does not contain evidence of objective functional improvement associated with prior physical therapy. The current request is for physical therapy to the left knee 1 to 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the left knee 1-2x/wk x 6 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 and 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Section, Physical Therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy for the left knee 1 to 2 times per week times six weeks is not medically necessary. Patients should be formally assessed after his six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). The frequency and duration of physical sessions are enumerated in the Official Disability Guidelines. For internal derangement of the knee the medical treatment consists of nine visits over eight weeks. In this case, the date of injury is April 29th 2014. The injured worker's working diagnoses are partial thickness tear, patella and quadriceps tendon; and condyle contusion, left knee. The injured worker was scheduled to begin physical therapy. The documentation in the medical record did not contain physical therapy notes, although the injured worker did receive physical therapy according to subsequent progress notes. The frequency and duration, however, are not documented in the medical record. The utilization review physician spoke with the treating physician on November 21, 2014. Utilization review indicates the injured worker had 24 acupuncture sessions and 30 physical therapy sessions with medication. The documentation does not contain evidence of objective functional improvement for physical therapy sessions. Additionally, the treating physician has clearly exceeded the recommended guidelines for physical therapy based on the injury to the affected knee. Consequently, absent the appropriate clinical documentation with evidence of objective functional improvement and a clinical indication/rationale for additional therapy, physical therapy to the left knee 1 to 2 times per week for six weeks is not medically necessary.