

Case Number:	CM14-0210553		
Date Assigned:	12/23/2014	Date of Injury:	11/15/2013
Decision Date:	02/17/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 38 year old male with an injury date of 01/15/13. Based on the 11/14/14 progress report provided by treating physician, the patient complains of weakness to the left knee and difficulty going up and down stairs. Patient is status post left ACL reconstruction with allograft on 05/28/14. Physical examination dated 11/14/14 revealed minimal tenderness to palpation to the left knee over the medial and lateral joint lines as well as the patellofemoral joint, +1 anterior drawer and "very solid" anterior Lachman noted. Range of motion was decreased, measured at 135 degrees. The patient is currently not taking any medications. Diagnostic imaging included X-Ray of the knee dated 08/22/14, no significant impressions beyond noted post-surgical changes. Patient is currently working with no noted limitations. Patient has had 24 sessions of physical therapy to date and reports improvement. Diagnosis 11/14/14- S/P left ACL reconstruction with allograft. The utilization review determination being challenged is dated 11/26/14. The rationale is: "the number of sessions requested on top of the previously rendered PT sessions exceeds the guideline recommendations." Treatment reports were provided from 06/06/14 to 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy once (1) a week for eight (8) weeks for the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Physical therapy

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

Decision rationale: The patient presents with weakness to the left knee and difficulty going up and down stairs. Patient is status post left ACL reconstruction with allograft on 05/28/14. The request is for physical therapy once (1) a week for eight (8) weeks for the left knee. Physical examination dated 11/14/14 revealed minimal tenderness to palpation to the left knee over the medial and lateral joint lines as well as the patellofemoral joint, +1 anterior drawer and "very solid" anterior Lachman noted. Range of motion was decreased, measured at 135 degrees. The patient is currently not taking any medications. Diagnostic imaging included X-Ray of the knee dated 08/22/14. The patient has had 24 sessions of physical therapy to date and reports improvement. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The provider has not provided a reason for the request. Progress report dated 11/14/14 notes that the patient has completed 24 sessions to date. The provider does not discuss any flare-ups; explain why on-going therapy is needed, or why the patient is unable to transition into a home exercise program. The current request for an additional 8 sessions, combined with what was already authorized exceeds MTUS guidelines. The request is not medically necessary.