

Case Number:	CM14-0033786		
Date Assigned:	06/20/2014	Date of Injury:	09/25/2013
Decision Date:	01/07/2015	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 is a 32-year-old male, who was injured on September 25, 2013, while performing regular work duties. The mechanism of injury is from bumping the left knee on an open file cabinet drawer while walking through an office. The evaluation on February 6, 2014, indicates the injured worker has undergone at least twelve (12) physical therapy sessions "with minimal benefit. A magnetic resonance imaging of the left knee is noted in the records to have been done on December 26, 2013, however this report is not available for this review. The records indicate the injured worker has received treatment with medications, physical therapy, icing, bracing, and a home exercise program. The request for authorization is for physical therapy three (3) times weekly for four (4) weeks, for the left knee. The primary diagnosis is left knee patellar tendonitis. On February 14, 2014, Utilization Review non-certified the request for physical therapy three (3) times weekly for four (4) weeks, for the left knee, based on Chronic Pain Medical Treatment, and ODG guidelines. On April 10, 2014, a notification of authorization for physical therapy two (2) times weekly for three (3) weeks was provided, however a rationale of determination was not included in this documentation.

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 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Knee & Leg Procedure Summary

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

Decision rationale: The Physical therapy 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 ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional 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. The Physical therapy for the left knee 3 times a week for 4 weeks is not medically necessary and appropriate.