MAXIMUS Federal Services

Case Number:	CM14-0078879		
Date Assigned:	07/23/2014	Date of Injury:	05/17/2012
Decision Date:	05/04/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management

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 33-year-old male, who sustained an industrial injury on 5/17/2012. He reported hyperextension of his left knee while lifting a heavy tube. The injured worker was diagnosed as having internal derangement of the left knee and issues of depression, sleep, and sexual dysfunction. Treatment to date has included left knee arthroscopic surgery on 10/31/2013 and conservative measures, including medications, diagnostics and physical therapy. On 5/9/2014, the injured worker complained of ongoing left knee pain since surgery in 10/2013, as well as low back and right knee pain. Physical exam noted tenderness along the lumbar paraspinals bilaterally, as well as the knees, medially and laterally. Mild swelling was present on the right greater than left knee. His gait was antalgic and wide based. Current medications included Norco, Effexor, Naproxen, Protonix, and Trazadone. The treatment plan included 12 sessions of aqua therapy. A physical therapy note, dated 5/16/2014, noted 24 visits from start of physical therapy on 1/13/2014 as well as aquatic therapy. The recommendation was to continue physical therapy, twice 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:

Twelve (12) Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy (PT). Decision based on Non-MTUS Citation Official Disability Guideline, Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterLow and Upper BackKnee.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Physical Therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard medications management. The use of PT can result in increase in range of motion and reduction in medications utilization and pain scores. The guidelines recommend that patient's progress to a home based exercise program after completion of supervised PT. The records show that the patient had completed supervised PT as well as aquatic therapy treatments. There is no documentation of recent surgery or re-injury requiring another round of supervised PT. The criteria for 2 PT per week total quantity 12 was not met.