

Case Number:	CM15-0009118		
Date Assigned:	01/27/2015	Date of Injury:	08/28/2013
Decision Date:	03/16/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old woman sustained an industrial injury on 8/28/2013. The mechanism of injury was not detailed. Evaluations include MRI showing chondromalacia and lateral subluxation. Treatment has included oral and topical medications. Physician notes dated 12/23/2014 show a left knee with decreased range of motion, tight lateral retinaculum, and crepitus noted on compression test. The plan is to perform left knee arthroscopy, lateral release, chondroplasty, and lysis of adhesions. A request was made for 12 sessions of post-operative physical therapy. On 1/1/2015, Utilization Review evaluated a prescription for 12 physical therapy sessions, that was submitted on 1/9/2015. The UR physician explained that the worker would receive a trial of six post-operative physical therapy sessions on a trial basis with the opportunity for more sessions pending documentation of functional improvement with therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: 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 initial visits of physical therapy with further consideration upon functional improvement with fading of treatment to an independent self-directed home program. It appears there is planned surgical intervention with PT modified to allow for assessment of benefit. Currently, 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 12 physical therapy visits is not medically necessary and appropriate.