

Case Number:	CM15-0101909		
Date Assigned:	06/04/2015	Date of Injury:	07/24/2014
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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:

The injured worker is a 31-year-old male who sustained an industrial injury on 07/24/2014 resulting in left knee injury. The Injured worker was diagnosed with left knee sprain. Treatment provided to date has included conservative care, medications (Percocet and Norco), physical therapy (6 sessions), left knee injection (1), and left knee surgery (12/12/2014). Diagnostic tests performed include: x-rays of the left knee (07/24/2014) that were reported to be negative; and MRI of the left knee (09/2014) reportedly showing complete rupture of the ACL with an associated bone bruise pattern. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/28/2015, physician progress report noted complaints of ongoing left knee pain. Pain is rated as 7 (0-10) and described as severe, constant, aching and throbbing. Additional complaints include insomnia due to pain, constipation and dizziness. Current medications consist of Norco and nortriptyline. The physical exam revealed pain/tenderness to the left knee. The provider noted diagnoses of arthralgia of the knee, myalgia and myositis, internal derangement of the knee joint, insomnia, and chronic pain syndrome. Plan of care includes physical therapy evaluation and additional therapy, massage therapy, electrical stimulation, and cryo-pack. Requested treatments include a physical therapy evaluation, electrical stimulation applic modal 1/> areas, massage therapy 1/greater than areas/15 minutes, and Trach-Mech applic modal 1/> areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation,: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient's date of injury is from 07/24/2014. He presents with severe left knee pain. The patient is status post left knee pain from 12/12/2014. The physician is requesting PHYSICAL THERAPY EVALUATION. The RFA was not made available. The patient is currently temporarily totally disabled. MTUS pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The physician does not discuss this request. The 02/13/2015 physical therapy report notes that the patient has completed 15 visits of physical therapy to date. The patient reported feeling slightly better after last treatment. He continues to have decreased pain and increased ability to perform/progress therapeutic exercises. Per the 04/28/2015 report, the patient continues to have severe knee pain. He is taking his medications as directed. Exam shows left knee is positive for pain. No other findings were noted. In this case, it is unclear why the physician is requesting an evaluation when the patient has completed 15 physical therapy sessions. Evaluations are part of visits and should not be a separate billable service. The request IS NOT medically necessary.

Therap 1/greater than areas/15 min; Massage, applic modal areas Trac-Mech: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The patient's date of injury is from 07/24/2014. He presents with severe left knee pain. The patient is status post left knee pain from 12/12/2014. The physician is requesting THERAP 1/GREATER THAN AREAS/15 MIN; MASSAGE, APPLIC MODAL AREAS TRAC-MECH. The RFA was not made available. The patient is currently temporarily totally disabled. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. The physician does not discuss this request. There is no explanation as to how this treatment may benefit the patient. No massage therapy reports were included. Per the 04/28/2015 report, the patient continues to have severe knee pain. He is taking his medications as directed. Exam shows left knee is positive for pain. No other findings were noted. In this case, while MTUS supports 4 to 6 visits of massage therapy, the quantity requested was not clearly specified. The request IS NOT medically necessary.