

Case Number:	CM15-0102625		
Date Assigned:	06/05/2015	Date of Injury:	09/06/2013
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York, West Virginia,
 Pennsylvania Certification(s)/Specialty: Emergency Medicine

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 36 year old male sustained an industrial injury to the knee and back on 9/6/13. Previous treatment included physical therapy, left knee surgery, knee brace, crutches and medications. The injured worker developed persistent left ankle pain and swelling following left knee surgery. Magnetic resonance imaging lumbar spine (11/19/14) was unremarkable. Magnetic resonance imaging left ankle (9/15/2014) showed mild peroneus longus tendinosis with nonspecific subcutaneous edema. Magnetic resonance imaging left knee (9/15/14) showed signal abnormality at the free edge of the medial meniscus without evidence of a re-tear. In the most recent documentation submitted for review, a PR-2 dated 1/8/15, the injured worker complained of left ankle and left knee pain with swelling throughout the left lower extremity. The injured worker had been attending physical therapy. Documentation did not disclose the number of previous physical therapy sessions. Physical exam was remarkable for severe swelling throughout the left knee, left lower extremity and left ankle with pain upon palpation throughout, decreased range of motion and decreased muscle strength. The injured worker was ambulating with partial weight bearing using crutches. Current diagnoses included left peroneal tendinosis with pain and swelling and status post left knee surgery with pain and swelling. The treatment plan included continuing compression throughout the lower extremity and an orthopedic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 weeks for the left knee: 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: Guidelines state that physical therapy is recommended for short-term relief during the early phase of pain treatment. Patients are expected to continue active therapy at home in order to maintain improvement levels. Guidelines recommend 10-12 visits over 8 weeks for the lumbar spine. In this case, the patient has completed initial physical therapy for this chronic condition and the request for additional physical therapy sessions would exceed recommendations. The request for physical therapy sessions x 8 weeks is not medically necessary or appropriate.