

Case Number:	CM15-0109848		
Date Assigned:	06/16/2015	Date of Injury:	02/04/2015
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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 52 year old female who sustained an industrial injury on 02/04/2015. Mechanism of injury was a slip and fall causing a direct blow to her knees and had groin pain. Diagnoses include tibial plateau fracture, and pelvic strain. Treatment to date has included diagnostic studies, medications, physical therapy, use of immobilizer and crutches. Magnetic Resonance Imaging of the left knee shows a stress fracture of the lateral tibial plateau with no step off. Lumbar spine x ray done on 03/18/2015 showed mild degenerative change. X rays of the pelvis, bilateral hips, and left elbow done on 02/04/2015 were unremarkable. A physician progress note dated 05/11/2015 documents the injured worker complains of left greater than right knee pain. She uses an immobilizer and crutches. Her left lower extremity is tender along the lateral aspect of the knee. Range of motion of the left knee is 0-120 degrees. McMurry's with generalized knee pain only. She has generalized groin pain. Right knee is unremarkable. The treatment plan includes dispensing of a hinged brace, weight bearing as tolerated, and follow up in six weeks. Treatment requested is for physical therapy 2 x a week x 6 weeks for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x a week x 6 weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The patient was injured on 02/04/15 and presents with left greater than the right knee pain. The request is for Physical Therapy 2 x week x 6 weeks for Bilateral Knees. There is no RFA provided and the patient's current work status is not provided. The 05/11/15 report states that the patient "was treated with physical therapy and conservative management". 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 patient is diagnosed with tibial plateau fracture and pelvic strain. Treatment to date has included diagnostic studies, medications, physical therapy, use of immobilizer and crutches. There does not appear to be any recent surgery the patient may have had. In this case, there is no indication of how these prior sessions of therapy impacted the patient's pain and function or when these sessions took place. There is no indication as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 12 sessions of therapy exceeds what is allowed by MTUS guidelines. Therefore, the request is not medically necessary.