MAXIMUS Federal Services

Case Number:	CM15-0010225		
Date Assigned:	01/27/2015	Date of Injury:	07/30/2013
Decision Date:	04/15/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/19/2015

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 Jersey
Certification(s)/Specialty: Family Practice

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 (IW) is a 32 year old male who sustained an industrial injury on 07/30/2013. He has reported an injury to the right leg and ankle, left hand middle finger, hand and wrist. The diagnoses have included open fracture of the tibia and fibula with repair. Treatment to date has included right tibia irrigation, debridement, internal fixation and rotational muscle flap and skin graft with post-surgical follow-up. The right tibia fracture care was routine post operatively. According to the Utilization Review case summary, the Injured Worker currently complains of right knee pain for which he has been going to physical therapy. The date of the last medical visit in the medical records file is from 08/07/2014 at that time he complained of intermittent left hand middle finger pain, left hand and wrist pain, continuous mid and low back pain, continuous right knee pain, and continuous right ankle pain. On 12/19/2014 Utilization Review non-certified a request for Physical Therapy 2xWk x 6Wks Right Knee (12 sessions)noting the clinical information submitted for review failed to meet the evidence based guidelines for the requested service. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 01/19/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks Right Knee (12 sessions): 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 MTUS Chronic Pain Guidelines state that passive supervised physical therapy can provide short term relief during the early phases of pain treatment. However, the goal with physical therapy is to move away from passive and supervised methods and into active, home exercises as soon as able. The MTUS recommends that for general knee complaints, up to 10 physical therapy visits over 8 weeks is reasonable, but with the option of fading frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercises. In the case of this worker, there was insufficient reporting of the home exercises that should have been taught to the worker in previous physical therapy sessions for his knee, whether he was performing them regularly or not, and if he was unable to perform them for some reason. This was not included in the notes provided for review. Also, the request for 12 sessions of physical therapy is beyond the recommended number, especially considering he had already completed some physical therapy previously. Therefore, the 12 additional sessions of physical therapy will be considered medically unnecessary.