

Case Number:	CM15-0134172		
Date Assigned:	07/22/2015	Date of Injury:	03/09/2015
Decision Date:	08/26/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/10/2015

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 44 year old male, who sustained an industrial injury on March 9, 2015, incurring right leg injuries. He was diagnosed with a closed lateral tibia plateau fracture and right knee meniscus tear. Treatment included physical therapy, pain medications, splinting and work modifications. Currently the injured worker complained of persistent right knee pain rated an 8 on a pain scale from 1 to 10. He noted swelling of the knee, weakness and limited range of motion. He had difficulty ambulating secondary to the pain and swelling. Increased pain was noted upon prolonged standing and walking. The treatment plan that was requested for authorization included physical therapy for four weeks of the right knee and tibia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x a week for 4 weeks of the right knee and tibia: 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: This patient presents with persistent right knee pain. The current request is for Physical therapy 3x a week for 4 weeks of the right knee and tibia. The RFA is dated 06/16/15. Treatment included physical therapy, pain medications, splinting and work modifications. The patient is to return to work with modified duty. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per report 06/02/15, the patient continues to complain of persistent right knee pain following a closed lateral tibia plateau fracture and right knee meniscus tear in March of 2015. Examination noted swelling of the knee, weakness and limited range of motion. He had difficulty ambulating secondary to the pain and swelling and increased pain with prolonged standing and walking. The treater requests "additional 12 visits to focus on aggressive strengthening and stretching." The patient has a date of injury of March of 2015 and has completed 12 PT sessions thus far. Minimal progression has been made and the treater requests additional 12 sessions. In this case, the patient has had adequate therapy without progress and it is not known what more therapy is going to accomplish. The patient is able to ambulate. There are no neurologic or other orthopedic deficits for which a prolonged therapy is required. The patient should be able to perform the necessary home exercises to manage strengthening and persistent pain. This request is not medically necessary.