

Case Number:	CM15-0137461		
Date Assigned:	07/27/2015	Date of Injury:	09/27/2013
Decision Date:	08/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/15/2015

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, Pain Management

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 is a 57-year-old male with a September 27, 2013 date of injury. A progress note dated May 14, 2015 documents subjective complaints (chronic right knee pain; pain rated at a level of 7/10), objective findings (antalgic gait; tenderness of the right knee; atrophy present in the right lower extremity; decreased strength of the right lower extremity), and current diagnoses (anterior dislocation of the proximal tibia; lumbago). Treatments to date have included physical therapy, knee surgery that was not helpful, and imaging studies. The April 6, 2015 progress report identifies restricted range of motion and quadriceps atrophy. A report dated June 1, 2015 states that the patient has completed 12 sessions of postoperative physical therapy and feels that it was helpful with improved range of motion, strength, and flexibility. The treating physician documented a plan of care that included additional physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Right Knee, 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is identification of improvement with prior physical therapy sessions. Additionally, the patient has substantial loss of function due to limited range of motion and strength deficits. Further surgery may be indicated if these things are unable to be addressed. Therefore, an additional 6 visits of therapy seemed reasonable to determine whether or not the patient is able to achieve any more functional improvement. As such, the currently requested therapy is medically necessary.