

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0141720 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 08/10/2014 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 07/02/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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:

The injured worker is a(n) 57 year old male, who sustained an industrial injury on 8-10-14. He reported injury to his left knee and ribs after a motor vehicle accident and subsequently had left knee arthroscopic surgery on 4-14-15. The injured worker was diagnosed as having myofascial pain, multiple rib fractures and left knee strain. Treatment to date has included a left knee MRI on 12-13-14, a TENs unit, a home exercise program, Flexeril, Norco and Naproxen. As of the PR2 dated 6-5-15, the injured worker reports doing physical therapy for four weeks now and was told to continue physical therapy until his next orthopedic appointment. The injured worker rates his pain a 3 out of 10 in his left knee. He is not currently taking any medications. Objective findings include tenderness to palpation over the patellar tendon and medial joint line, full range of motion and positive crepitus in the left knee. The treating physician requested physical therapy 2 x weekly for 6 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. 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 documentation of completion of 11 prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.