

Case Number:	CM15-0143576		
Date Assigned:	08/03/2015	Date of Injury:	04/20/2012
Decision Date:	09/08/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/24/2015

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 36 year old man sustained an industrial injury on 4-20-2012. The mechanism of injury is not detailed. Diagnoses include status post left knee surgery, left thigh atrophy, antalgic gait, right knee anterior cruciate ligament insufficiency, and lumbar spine sprain-strain. Treatment has included oral medications and use of knee brace. Physician notes on a PR-2 dated 3-24-2015 show complaints of right knee pain rated 7 out of 10 with instability, grading, and crepitus and left knee pain rated 6 out of 10 with weakness. Recommendations include physical therapy, acupuncture, electromyogram and nerve conduction studies of the bilateral lower extremities, orthopedic consultation, right knee stabilizing brace, and follow up I three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy twice a week for three weeks for the Left Knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg, Online Version, Traction, Knee.

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 17 prior PT sessions, with documentation of objective functional improvement such as improved range of motion with the previous sessions. The currently requested 6 additional sessions is reasonable as the guidelines recommend up to 24 sessions of total physical therapy for status post ACL reconstruction surgery. As such, the currently requested additional physical therapy is medically necessary.