

Case Number:	CM15-0146342		
Date Assigned:	08/07/2015	Date of Injury:	09/16/2014
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/28/2015

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 46-year-old male, who sustained an industrial injury on September 16, 2014. He reported injury after jumping over a fence and landing on his left leg. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having pain in joint unspecified, lateral meniscus derangement, medial collateral ligament derangement, knee anterior cruciate ligament derangement and posterior cruciate ligament derangement. Treatment to date has included diagnostic studies, ice application, exercise, physical therapy, surgery and medication. On June 3, 2015, the injured worker reported a sharp pain under his kneecap when he is going downhill. He also noted an occasion where his knee locked in flexion upon walking and he had to force it to be in extension. He complained of stiffness to his knee with sitting greater than 30 minutes. The treatment plan included physical therapy, ice therapy, medication and a follow-up visit. On July 14, 2015, Utilization Review non-certified the request for post-op physical therapy two times six visits for the left knee, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative physical therapy 2 times a week for 6 weeks (12) left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The patient presents on 05/28/15 with unrated left knee pain. The patient's date of injury is 09/16/14. Patient is status post left knee MCL reattachment with PCL/ACL reconstruction and partial lateral meniscectomy on 01/06/15. The request is for post-operative physical therapy 2 times a week for 6 weeks (12) left knee. The RFA for this request is undated. Physical examination dated 05/28/15 reveals well healed surgical incision on the left knee, grade 1 laxity of the MCL ligament, 130 degree range of motion of the left knee, and stable ACL/PCL. The patient is currently prescribed Ibuprofen. Diagnostic imaging was not included. Per 05/28/15 progress note, patient is advised to remain off work until 07/06/15. 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." In regard to the request for 12 additional physical therapy sessions for this patient's knee complaint, treater has exceeded guideline recommendations. While the request indicates that the physical therapy sessions are intended as a post-operative measure, this patient's surgical procedure was on 01/06/15. Therefore, he can no longer be considered in the post-operative time frame and chronic pain guidelines apply. Documentation provided indicates that this patient has completed 35 PT sessions directed at his knee complaint to date. MTUS guidelines allow for a maximum of 10 physical therapy sessions for chronic knee pain, the 12 requested in addition to those already completed exceeds these recommendations. No rationale is provided as to why this patient is unable to transition to home-based self directed physical therapy, either. Therefore, the request is not medically necessary.