

Case Number:	CM15-0180876		
Date Assigned:	09/22/2015	Date of Injury:	06/16/2014
Decision Date:	11/03/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/14/2015

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, Hawaii

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 67 year old male who sustained an industrial injury on 6-16-2014. A review of medical records indicates the injured worker is being treated for rupture of quadriceps tendon, osteoarthritis of knee, and tear of meniscus of knee. Medical records dated 5-13-2015 noted left quad is doing better in regards to pain, however he has no strength. He complained of downstairs weakness and eccentric weakness, however upstairs he was fine. Physical examination noted crepitus with range of motion. Flexion was at 120 degrees and extension was normal. Treatment has included surgery and at least 23 visits of physical therapy. MRI results showed acute chronic rectus tear. Utilization review form dated 8-18-2015 noncertified 12 additional physical therapy sessions for the left knee and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional PT Sessions for The Left Knee and Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with ankle and knee pain. The current request is for 12 additional Physical Therapy sessions for the left knee and ankle. The treating physician's report dated 07/30/2015 (52E) states, "improved strength, mostly for PT. cut off now. The only thing that has helped him is the blood flow restriction PT. NEEDS MORE PT, documented progress." The physician further states (55E), "indication for PT is continued weakness and need to use the blood flow restriction device in a supervised manner. Not able to just do HEP." The MTUS Guidelines page 98 and 99 on physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia type symptoms. The patient's surgery is from 08/13/2014 and post-surgical guidelines do not apply. The physical therapy report dated 07/30/2015 (52E) shows 23 visits. The therapist states in this report, "██████ has been seen in physical therapy and has made moderate progress towards his long term goals. The patient continues to have L quadriceps weakness with descending stairs and sit to stand transfers. PT continues to respond well to blood flow modification treatment interventions to increase quadriceps strength. The patient would benefit from continued skilled PT intervention to address remaining functional deficits." In this case, the patient has received 23 physical therapy sessions recently with reports of moderate progress. He should now be able to transition into a self-directed home exercise program to improve strength, mobility and flexibility. The current request is not medically necessary.