

Case Number:	CM15-0183689		
Date Assigned:	10/02/2015	Date of Injury:	05/11/2015
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 31-year-old male who sustained an industrial injury on 5-11-2015. A review of the medical records indicates that the injured worker is undergoing treatment for left knee contusion. According to the progress reports dated 6-29-2015 to 8-21-2015, the injured worker complained of left knee pain. Per the treating physician (8-21-2015), the injured worker was temporarily very disabled. The physical exam (7-31-2015 to 8-21-2015) of the left knee revealed no effusion and range of motion: 0-130. There was mild tenderness to palpation over his lateral joint line, his patellar tendon and proximal lateral tibia plateau. Per the physical therapy re-evaluation dated 7-1-2015 (visit 12), the injured worker reported feeling much better, but had pain with prolonged squatting and standing. He was noted to have made slow improvements. Treatment has included at least 12 sessions of therapy. The original Utilization Review (UR) (8-28-2015) denied a request for physical therapy 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 2 times a week for 4 weeks for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient was injured on 05/11/15 and presents with left knee pain. The request is for PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR THE LEFT KNEE. There is no RFA provided and the patient is not currently working. The patient has had at least 12 sessions of therapy to date. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient has mild tenderness to palpation over his lateral joint line, his patellar tendon and proximal lateral tibia plateau. He is diagnosed with left knee contusion. The reason for the request is not provided and the patient has not had any recent surgeries. It appears that the patient has had prior physical therapy sessions. He had 12 sessions of therapy total, the 11th session dated 06/29/15. The 06/29/15 therapy note states "pt [is] showing improvement in strength." In this case, the requested 8 sessions of physical therapy in addition to the 12 sessions the patient has already had exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.