

Case Number:	CM15-0185427		
Date Assigned:	09/25/2015	Date of Injury:	06/05/2014
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 23 year old male who sustained an industrial injury June 5, 2014. Past history included status post left arthroscopic ACL reconstruction March 18, 2015. Diagnoses are left knee anterior cruciate ligament (ACL) tear; derangement of medial meniscus of left knee; derangement of lateral meniscus, left knee. According to the most recent treating physician's progress report dated July 30, 2015, the injured worker presented with complaints of aching left knee pain, rated 7 out of 10, aggravated by prolonged weight bearing, prolonged walking, twisting, turning and squatting, and relieved by nothing. Current medication included Mobic. Objective findings included; right and left knee- gait antalgic; mild atrophy left quad; tenderness to palpation medial and lateral joint lines, medial greater than lateral; range of motion decreased in left knee-knee brace-can bend to 110 degrees; motor 5 out of 5; normal sensation and reflexes with no calf tenderness. The physician documented the injured workers condition is improved and he is complying with current treatment regimen. Treatment plan included to continue to brace as needed and schedule for physical therapy for strengthening. At issue, is the request for authorization for physical therapy visits quantity: 6. According to utilization review dated September 8, 2015, the request for Naproxen 500mg Quantity: 60 are certified. The request for Physical Therapy (visits) Quantity: 6 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (visits) qty 6.00: 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: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case, the patient had arthroscopic surgery on his left knee in March 2015. He continued to have left knee pain. The patient had been prescribed for physical therapy. It is not documented if he received any treatments and there is no documentation of objective evidence of functional improvement. The request is not medically necessary.