

Case Number:	CM15-0188461		
Date Assigned:	09/30/2015	Date of Injury:	12/16/2014
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 47 year old female sustained an industrial injury on 12-16-14. Documentation indicated that the injured worker was receiving treatment for anterior cruciate ligament and medial cruciate ligament tear of the right knee. The injured worker underwent right knee anterior cruciate ligament reconstruction on 5-15-15. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 6-1-15, the injured worker was undergoing physical therapy focusing on range of motion and closed-chain strengthening exercise. Physical exam was remarkable for right knee with clean, dry and intact incisions, tenderness to palpation over the incision sites, mild effusion, full extension, 110 degrees flexion, "adequate" quadriceps control and intact sensation. The physician recommended more aggressive physical therapy to completely restore her full range of motion. In a PR-2 dated 7-27-15, the injured worker denied any right knee pain. The injured worker reported having some soreness over the right patella but denied physical therapy. The injured worker was going to physical therapy and working on stairs. The injured worker reported that she still had some difficulty walking down stairs, which she "believed was mainly psychological". Physical exam was remarkable for right knee with mild effusion, improved range of motion with passive flexion 0 to 134 degrees, 4 out of 5 lower extremity strength with "adequate" quadriceps control. The physician noted that the injured worker reported decreased pain and improved range of motion. The treatment plan included additional physical therapy to focus on improving strength and potentially progressing to running. In a PR-2 dated 9-9-15, the injured worker denied any pain. Physical exam was remarkable for right knee with no effusion, improved range of motion with passive flexion 0 to

138 degrees and 5 out of 5 strength. The physician recommended additional physical therapy to work on strengthening and range of motion so that she could progress to light running. The treatment plan included additional physical therapy once a week for eight weeks. On 9-17-15, Utilization Review noncertified a request for physical therapy once a week for eight weeks, for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 time a week for 8 weeks for the right knee: Upheld

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

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. After several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was not medically necessary.