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| Case Number: | CM15-0190267 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 09/23/2014 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/23/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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:

This injured worker is a 32 year old male, who sustained an industrial injury on 09-23-2014. The injured worker was diagnosed as having internal derangement of the left knee. On medical records dated 08-25-2015 and 09-09-2015, the subjective complaints were noted as left knee pain. Objective findings were noted as left knee 1 + on medial joint line and lateral joint line on palpation. Treatment to date included medication and independent exercise program. The injured worker was noted to be on full duty. Current medications were not listed on 09-09-2015. The Utilization Review (UR) was dated 09-23-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for 12 sessions of physical therapy to the left knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic): Physical medicine treatment (2015).

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

Decision rationale: Review indicates the patient had 12 PT sessions authorized without any noted functional improvement. Recent x-rays were unremarkable and MRI with contrast had no tear. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of deficits to support for further treatment beyond the sessions already rendered. Review of submitted reports noted the patient has adequate strength without neurological deficits. Clinical reports submitted also had no ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received 12 therapy sessions without demonstrated necessity or indication to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that should have been transitioned to an independent home exercise program as already noted. Submitted reports have not adequately demonstrated the indication to support for the physical therapy. The 12 sessions of physical therapy to the left knee is not medically necessary and appropriate.