

Case Number:	CM15-0197437		
Date Assigned:	10/12/2015	Date of Injury:	11/24/2014
Decision Date:	11/25/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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:

The injured worker is a 32 year old female, who sustained an industrial injury on November 24, 2014. The injured worker was diagnosed as having internal derangement with possible medial meniscus tear of the left knee. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left knee, x-ray of the left knee, medication regimen, use of a knee brace, use of crutches, use of ice, acupuncture, and physical therapy. In a progress note dated August 10, 2015 the treating physician reports complaints of sharp pain and pressure to the left knee. Examination performed on August 10, 2015 was revealing for an antalgic gait with a slight limp on the left, decreased range of motion to the left knee, medial joint line tenderness to the left knee, positive McMurray's testing on the left, positive Slocum's testing on the left, positive patella compression testing on the left, and positive crepitus on the left. On August 10, 2015 the injured worker's pain level was rated a 5 to 6 out 10 at its best and an 8 out of 10 at its worst. Physical therapy progress note from May 07, 2015 noted at least 14 sessions of physical therapy were performed. The physical therapy progress note from May 07, 2015 noted that the injured worker had a pain level of a 4 out of 10 and also noted that the injured worker tolerated treatment well, but did not indicate if the injured worker experienced any functional improvement with physical therapy sessions performed. On August 10, 2015 the treating physician requested physical therapy visits to the left knee at 3 times a week for 4 weeks with a total quantity of 12 for modalities, strengthening, and stretching exercises. On September 18, 2015 the Utilization Review determined the request for physical therapy visits to the left knee at 3 times a week for 4 weeks with a total quantity of 12 to be modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Visits, Left Knee, 3 X Week X 4 Weeks #12: 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: 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 progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement 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 has been instructed on a home exercise program for this chronic 2014 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy Visits, Left Knee, 3 X Week X 4 Weeks #12 is not medically necessary and appropriate.