

Case Number:	CM15-0199085		
Date Assigned:	10/14/2015	Date of Injury:	04/11/2014
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/09/2015

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 51 year old female, who sustained an industrial-work injury on 4-11-14. A review of the medical records indicates that the injured worker is undergoing treatment for right knee meniscus tear and anterior cruciate ligament (ACL) tear. Treatment to date has included pain medication, physical therapy at least 16 sessions, and other modalities. Magnetic resonance imaging (MRI) of the right knee dated 8-12-15 reveals tear of the posterior horn lateral meniscus, grade III patellofemoral chondromalacia and there is a small joint effusion. Medical records dated (2-23-15 to 8-28-15) indicate that the injured worker complains of right knee pain with indication that she has increased strength and range of motion with physical therapy and stability on her feet has also been enhanced. However, the physician indicates that she still has deficits specifically related to strength and eccentric movement continues to be weak. The injured worker also reports symptoms in which her leg appears to shift laterally when standing from a deep-seated position and reports that when she stops walking in a straight line, it feels on occasion that her knee stretches out. Per the treating physician report dated 2-23-15 the injured worker's employer went out of business and she is unemployed. The physical exam dated 7-13-15 reveals that right calf and thigh compartments are soft. The range of motion to the right knee is full. There is slight laxity associated with anterior drawer. There is no instability. McMurray testing is positive. The physician indicates that at this time the injured worker is working through an independent exercise program. However, it is the recommendation that physical therapy be provided. The physician indicates that he is aware that physical therapy has been provided previously; however in reviewing the therapy that was provided, it was clear that

it was inadequate and an additional 12 sessions will be requested. She is also to continue with the use of oral anti-inflammatory medication as needed. The request for authorization date was 9-4-15 and requested service included additional physical therapy times 12. The original Utilization review dated 9-14-15 non-certified the request for Additional physical therapy times 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy times 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: Review indicates the patient has received at least 16 PT sessions with current request for an additional 12 visits. 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 April 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 additional physical therapy times 12 is not medically necessary and appropriate.