MAXIMUS Federal Services

Case Number:	CM15-0025149		
Date Assigned:	02/17/2015	Date of Injury:	06/14/2012
Decision Date:	04/02/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/10/2015

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 28 year old male, who sustained an industrial injury reported on 6/14/2012. He has reported for follow-up with complaints of intermittent neck, back and knee pain, improved with rest and medications. The diagnoses were noted to have included cervical, thoracic and lumbar strain, rule out radiculitis; neuropathic pain - bilateral upper extremities, rule out carpal tunnel syndrome; right shoulder impingement syndrome; lumbar degenerative disc disease; and right ankle tendonitis - rule out impingement syndrome. Treatments to date have included consultations; diagnostic imaging studies; status-post right knee anterior cruciate ligament (ACL) reconstruction and partial meniscectomy (10/2012) with no noted physical therapy; request for physical therapy, 18 sessions, in 1/2015; and medication management that. The work status classification for this injured worker (IW) was noted to be back to working full duty.On 1/24/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1//2015, for 18 physical therapy session of the right knee, 3 x a week x 6 weeks, post ACL reconstruction. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, pain - topical agents; and the American College of Occupational and Environmental Medicine, chronic pain chapter, physical medicine guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions to the Right Knee 3 Times a Week for 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Per the 01/16/15 report the patient presents with continued intermittent pain rated 5/10 in the neck, back and knee s/p 10/09/12 right ACL reconstruction. The current request is for 18 PHYSICAL THERAPY SESSIONS TO THE RIGHT KNEE 3 X A WEEK FOR 6 WEEKS. The RFA is not included. The patient's work status is noted to be full duty; however, it is not clear if the patient is currently working.MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The 09/25/14 report states the patient has been authorized right knee surgery to remove painful hardware and the patient wishes to delay surgery 2-3 months as he is moving. The most recent report provided dated 01/06/15 provides the following examination of the right knee, "Well healed scar with diminished sensation over the scar. Positive tenderness over the palpable hardware." The treater does not explain the reason for this request in the reports provided and only states 3x6 sessions of therapy for the right knee are indicated. In this case, there is no evidence the patient is currently within a postoperative treatment period. The reports provided do not explain if this is a prospective request for post-operative treatment or if surgery is scheduled. For non post-operative treatment, the request is outside the number of visits allowed by guidelines. The MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. Lacking a clear statement for the need for the request, the request IS NOT medically necessary.