MAXIMUS Federal Services

Case Number:	CM15-0052026		
Date Assigned:	03/25/2015	Date of Injury:	04/15/2013
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Virginia
Certification(s)/Specialty: Neurology

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 63 year old male, who sustained an industrial injury on 4/15/2013. Diagnoses include right knee pain, ankle pain, contracture of knee, neuropathy and quadriceps tendon rupture. Treatment to date has not been provided. Per the Primary Treating Physician's Progress Report dated 2/19/2015 the injured worker reported right foot and knee pain and right calf numbness. The knee pain is described as more of a weakness. He also reports some left calf cramping. Physical examination revealed inspection, palpation, stability, range of motion and strength of the right lower extremity all within normal limits. Knee inspections revealed no joint line tenderness, no effusion and no warmth. There was obvious calf and quad atrophy. There was full range of motion of the knee without pain. Gait was normal. The plan of care included modified work and physical therapy and authorization was requested for physical therapy for the right leg and thigh (2x6).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right leg/thigh 2x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee, physical medicine.

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

Decision rationale: Chronic Pain medical treatment guidelines recommends physical therapy for the chronic treatment of pain in as such that it provides short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain and inflammation during the healing process. Active physical therapy is based on the philosophy that therapeutic exercises are beneficial for restoring flexibility, strength, endurance and range of motion. Active therapy requires an internal effort by the patient to complete the specific exercise or task. This form of therapy is followed up such that patients are expected to continue active therapies at home as an extension of the treatment in order to maintain clinical improvement. Physical medicine guidelines allows for a fading treatment frequency of physical therapy sessions over time. In the case of the injured worker, there is a documented diagnosis of right knee and ankle pain, contracture of the knee, neuropathy and quadriceps tendon rupture with a request for physical therapy 2 times a week for six weeks. There is no specific clinical treatment plan with a plan to allow a fading treatment plan or a plan to include home therapy sessions. The request for 12 sessions is more than the recommended maximum treatment sessions allowed in the guidelines. Therefore, according to the guidelines and a review of the evidence, a request for Physical therapy, right leg/thigh 2x6 is not medically necessary.