

<b>Case Number:</b>	CM15-0055472		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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(n) 39 year old male, who sustained an industrial injury on 4/9/12. He reported pain and swelling in his right knee. The injured worker was diagnosed as having sprain cruciate ligament and right knee derangement. Treatment to date has included a right knee MRI, ACL reconstruction in 2012, physical therapy, knee brace and pain medications. As of the PR2 dated 3/12/15, the injured worker reports still feeling weak and stiff in the right knee. He is eight months post ACL revision. The treating physician noted moderate quadriceps atrophy and range of motion 5-125 degrees. The treating physician requested physical therapy x 8 sessions and a pain management evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

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

**Decision rationale:** The patient was injured on 04/09/12 and presents with weak and stiff knees. The request is for Physical Therapy 8 Sessions. The RFA is dated 03/12/15 and the patient is on temporary total disability. The 03/12/15 report states that the patient is 8 months post ACL revision. The patient has had 29 visits of physical therapy from 07/16/14 to 01/15/15. He has moderate quadriceps atrophy; range of motion for the right knee is 5-125 degrees, medial joint line tenderness, and greatest tenderness in the patella tendon. MTUS chronic pain medical treatment guidelines page 98 and 99 has the following: Physical medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. MTUS Guidelines page 98 and 99 states that formyalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, radiculitis, 8 to 10 visits are recommended. The patient is beyond the post-surgical time frame; therefore, MTUS pages 98 and 99 were referred to. In this case, the patient has already had at least 29 sessions of physical therapy to the knees. There is no discussion provided as to how these sessions impacted the patient's pain and function. There is no indication as to why the patient is not able to establish a home exercise program to manage her pain. Therefore, the requested physical therapy is not medically necessary.

**Pain management evaluation and treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain outcomes and endpoints Page(s): 8-9. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 04/09/12 and presents with weak and stiff knees. The request is for Pain Management Evaluation And Treatment. The utilization review denial letter did not provide a rationale. The RFA is dated 03/12/15 and the patient is on temporary total disability. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 the occupational health practitioner may refer to other specialists if the diagnosis is not certain or extremely complex, when psychosocial factors are present, and the plan or course of care may benefit from additional expertise. MTUS page 8 also requires that the treater provides monitoring of the patient's progress and make appropriate recommendations. The 03/12/15 report states that the patient is 8 months post ACL revision. He has moderate quadriceps atrophy; range of motion for the right knee is 5-125 degrees, medial joint line tenderness, and greatest tenderness in the patella tendon. The patient is diagnosed with having a sprain cruciate ligament and right knee derangement. There is no recent list of medications the patient is taking and the reason for the request is not provided. However, the patient is done with surgery, and continues to experience pain for which pain management evaluation is appropriate. The request is medically necessary.

