

Case Number:	CM15-0059070		
Date Assigned:	04/03/2015	Date of Injury:	05/23/2014
Decision Date:	05/04/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35-year-old male patient who sustained an industrial injury on 05/23/2014. A primary treating office visit dated 02/18/2015 reported subjective complaints of intermittent moderate pain in the left knee that is aggravated by prolonged standing and walking. The impression noted an attenuated appearance of the anterior cruciate ligament; however, the fibers remain paralleling Blumensaat line, and there is no evidence for meniscal abnormality. He is currently diagnosed with crush injury to left thigh, left knee and rule out internal derangement of left knee. The plan of care involved recommending physical therapy, home exercise program and a wrap around brace for the left knee. He is to continue with work restrictions. The initial occupational examination dated 06/25/2014 reported the patient having had a tree fall and land on top of his left leg pinning him between the cement and the tree. He was triaged, underwent radiography, administered injection and sent home. He did return to work duty with significant pain. Prior treatment to involve 6 sessions of physical therapy of which the patient feels decreased the pain. Subjective complaints initially were of left knee pain, crepitus, weakness and loss of motion. Along with having left thigh and left lower leg pains which were described as hypersensitivity and a "raw" sensation with touch. He was diagnosed with left thigh crush injury and left knee sprain. The plan of care involved recommending ultra sound, chiropractic therapy, and follow up visit in 5-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (8-sessions, 2 times a week for 4 weeks to left thigh and left knee):
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant is nearly one-year status post work-related injury and continues to be treated for left thigh and knee pain after a crush injury. Treatments have included 6 physical therapy sessions with decreased pain. Being requested is an additional 8 treatment sessions. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended and therefore not medically necessary. Additionally, the claimant has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. The request is not medically necessary.