

Case Number:	CM14-0123496		
Date Assigned:	09/16/2014	Date of Injury:	05/03/2014
Decision Date:	10/17/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33-year-old female with a date of injury of 5/3/14. The mechanism of injury occurred when she was chasing a suspect over a wall, resulting in right knee pain. She has had 5 sessions of physical therapy (PT) approved on 5/30/14. On 7/11/14 a right knee MR Arthrogram showed no meniscal tears or fractures. On 6/13/14 she complained increased knee pain since her last visit. She noticed increased pain after she began physical therapy. She stated her knee keeps popping with range of motion and standing. The knee popping is associated with a throbbing, sharp pain. She uses crutches for ambulation. On exam the right knee showed mild edema, tenderness to palpation and decreased range of motion with crepitus on all planes with guarding. The diagnostic impression is right knee sprain. Treatment to date: physical therapy, medication management. A UR decision dated 7/28/14 modified the request for physical therapy 3 x 4 weeks to physical therapy 2 x 3 weeks. The request for PT was modified because the patient has a right knee sprain and a UR previously approved 5 session of PT. Therefore, a modification is given additional PT, 2 x 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 4 week: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, Physical Therapy American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines allow for fading of treatment frequency. However, the patient has had 5 physical therapy (PT) sessions to date. Official Disability Guidelines (ODG) guidelines support 12 sessions over 8 weeks for sprains and strains of the knee and leg. With the request for PT 3 x 4 weeks sessions and the 5 sessions already authorized, this would be 17 sessions total. This would exceed the guideline recommendation of 12 sessions over 8 weeks. The UR modified the request to 2 sessions a week for 3 weeks of PT or 6 sessions total. Therefore, the request for physical therapy 3 x 4 was not medically necessary.