

Case Number:	CM14-0161490		
Date Assigned:	10/06/2014	Date of Injury:	04/10/2014
Decision Date:	11/03/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient with a date of injury of April 10, 2014. A utilization review determination dated September 25, 2014 recommends denial for additional physical therapy 2X6. Denial was recommended since the patient has completed 16 therapy sessions thus far with no documentation of functional deficits and barriers to continuation with a home exercise program. A progress report dated August 20, 2014 identifies subjective complaints indicating that the patient has had 12 sessions of physical therapy with 6 ongoing sessions. The patient continues to have pain rated as 1-4/10. Objective findings revealed tenderness to palpation over the right superior patellar tendon insertion with no ligamentous laxity. Diagnoses include knee pain and resolved ankle pain. The treatment plan recommends modified activity, continuing medication, consider orthopedic referral if no ongoing improvement, and continue physical therapy with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2 times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, Current Edition (Web), current year, Knee; Ankle and Foot

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Physical Therapy American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 12 therapies visits for the treatment of sprains and strains of the knee. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by ODG for this patient's diagnosis and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.