

Case Number:	CM14-0165993		
Date Assigned:	10/13/2014	Date of Injury:	12/01/2013
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational Medicine 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:

There were 171 pages provided for this review. The application for independent medical review was signed but not dated. There was ongoing back pain with elements of sciatica but no hard neurologic deficit. There was ongoing left knee pain with some symptoms of instability with some residual laxity of the MCL and ACL and degenerative tearing of the medial meniscus. The low back, left knee and lumbar strain sprain are the accepted injuries. This request is for left knee physical therapy for 16 to 24 sessions. The utilization review was from September 19, 2014. The claimant is a 52-year-old female injured on December 1, 2013. The injury is nine months old and chronic. The patient had surgery for the left knee with an ACL reconstruction and bone graft several years ago. She sustained a sprain to the same knee. There was a May approval for an MR arthrogram of the knee. The patient has completed 27 out of 32 authorized sessions. This is a request for more therapy. She continues to complain of instability and episodic swelling, but she is making some progress. There is no documentation of any significant sustained functional benefit out of the therapy that had been rendered.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Additional) (L) knee Physical Therapy times 16-24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG Physical Therapy guidelines for the knee and femur

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Objective functional benefit in the knee is not demonstrated after multiple past therapy sessions. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: 1. Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient...Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. 2. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately deemed not medically necessary.