

<b>Case Number:</b>	CM14-0217362		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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. 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 female, with a reported date of injury of 12/16/2012. The result of the injury was left leg pain. The current diagnosis includes left fracture of the tibial plateau. The past diagnosis includes left fracture of the tibial plateau. Treatments have included pain medications; an MRI of the left knee, with negative results; twelve (12) work conditioning sessions; aquatic therapy; six (6) physical therapy sessions; home exercises; and aerobic exercise program, which was beneficial. The progress report (PR-2) dated 11/18/2014 indicates that the injured worker reported intermittent generalized discomfort, and rated it a 6 out of 10. Prolonged walking aggravates the symptoms. The objective findings included less tenderness to palpation over the anterior and posterior knee, as well as the distal quadriceps muscle on the left; improved weight bearing, with less left knee discomfort; intact distal circulation with strong peripheral pulses; and minimal gait disturbance, with favoring on the left. The injured worker was working regular duty, and tolerated it okay. The rationale for the requested treatment was not indicated in the medical report. On 12/02/2014, Utilization Review (UR) denied the request for a physical medicine and rehabilitation consultation. The UR physician noted that the medical records did not show evidence of red flag conditions, or failure of conservative treatments. The documentation showed that the injured worker was on regular duty with no limitation or restrictions. The ACOEM Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Medicine & Rehab Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-331.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2012. The worker has been treated with multiple modalities of pain management including physical and aquatic therapy, aerobic exercise, home exercise and work conditioning. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. The physical exam and history do not support this complexity. Ts worker is able to work and function. It is not clear the rationale for a physical medicine and rehabilitation consult or how this would support the pain management approach in this patient. The medical necessity of a physical medicine and rehabilitation consult is not substantiated in the records.