

Case Number:	CM14-0059069		
Date Assigned:	07/09/2014	Date of Injury:	06/24/2013
Decision Date:	07/21/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/29/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 year old male, who sustained an industrial injury on 6/24/13. He reported initial complaints of fell off truck injuring left leg/knee. The injured worker was diagnosed as having sprain/strain left knee MCL. Treatment to date has included physical therapy (in 2013); knee brace; urine drug screening; medications. Diagnostics included MRI left knee. The PR-2 notes dated 3/17/14 noted that the injured worker was not working. The patient reported a MRI showed a 50% tear in a ligament in the knee and ACL was thickened. He complained of 0/10 knee pain most of the day but he avoided most activity and felt like the knee may give out with walking. There was no numbness but walking too much aggravated knee symptoms. On exam range of motion was documented at 7-134 degrees. On palpation there was tightness to the IT band, painful medial knee, no palpable peri patellar pain and negative anterior drawer test. The provider's treatment plan included physical therapy and home exercise program. He requested authorization of physical therapy 12 sessions for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12, Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Comp. Treatment/Disability Duration Guidelines. Knee and Leg (Acute and Chronic). Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 13 Knee Complaints Page(s): 48-9, pg 90, pg 329-30, 337-9, 341, 346-7, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the above recommendations and a good home exercise program will be key to prevent recurrent flare-ups. The current medical records do not document a new flare-up of symptoms but note symptoms aggravate with daily activities. The provider's request lists specific goals expected from use of physical therapy. However, the provider's request is for more PT visits than recommended by the MTUS. Given all the above information, medical necessity for the number of physical therapy sessions has not been established. The request is not medically necessary.