MAXIMUS Federal Services

Case Number:	CM15-0122620		
Date Assigned:	07/13/2015	Date of Injury:	03/12/2014
Decision Date:	08/13/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/25/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 33-year-old male, who reported an industrial injury on 3/12/2014. His diagnoses, and or impression, were noted to include ruptured left quadriceps tendon, status-post repair of left knee quadriceps; and right shoulder sprain. X-rays of the right shoulder and left knee were taken on 6/1/2015; current imaging studies were noted. His treatments were noted to include left knee surgery (3/26/14); physical therapy; use of cane; medication management; and rest from work. The progress notes of 6/1/2015 reported complaints, which included left knee pain. Objective findings were noted to include the use of cane; a grossly exaggerated and embellished standing and walking, with the immediate sitting after 2 steps and holding his knee with both hands, followed by a repeated request to walk for which he did but with holding onto the furniture in the room, and with an exaggerated limp, sighing and moaning; prevention of the physician to roll-up the pant leg for inspection of the left knee, before allowing, with the notation of a well-healed surgical scar, but the inability to carefully inspect the left knee due to his withdrawing of the knee, the reluctance to bend his knee, and the holding of his body during examination of the left knee. The physician's requests for treatments were noted to include additional physical therapy 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 3 x a week for 4 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Knee Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) 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. Within the documentation available for review, there is no documentation of significant objective functional improvement with the most recent 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 the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested physical therapy is not medically necessary.