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| Case Number: | CM14-0205111 | | |
| Date Assigned: | 12/17/2014 | Date of Injury: | 12/15/2013 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 12/08/2014 |

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 12/15/2013. The date of the utilization review under appeal is 11/05/2014. The patient's primary treating diagnosis is cervical disc disease. As of 09/23/2014, the patient was noted in primary treating physician followup to be 14 weeks postop with ongoing knee pain of 3/10 while walking. The prior cortisone injection into the shoulder had not produced much relief. No specific new neurological deficits are noted. Continued physical therapy was planned. The notes indicate that the patient was status post right knee arthroscopy of 06/09/2014 and had pain in the right knee of 3/10 while walking. The records note that the patient had undergone at least 12 outpatient postoperative therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for physical therapy for dates of service 09/08/14, 10/01/14 and 10/03/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99, Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule Post-Surgical Treatment Guidelines section 24.3 states that with documentation of functional improvement, subsequent course of therapy shall be prescribed. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to active, independent home rehabilitation. Current medical records do not clearly indicate a rationale or functional goal or other clinical reasoning to support additional supervised physical therapy, rather than independent home rehabilitation. Therefore, the treatment guidelines have not been met. This request is not medically necessary.