

Case Number:	CM14-0205701		
Date Assigned:	12/17/2014	Date of Injury:	05/15/1999
Decision Date:	05/11/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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: Physical Medicine & Rehabilitation

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 71-year-old male who reported an injury on 05/15/1999. The mechanism of injury was not stated. The current diagnosis is pain in a joint involving the lower leg. The latest clinical documentation submitted for this review is a physical therapy daily note on 10/28/2014. It was noted that the injured worker was scheduled for 18 sessions of physical therapy; however, only 5 sessions were completed. The injured worker cancelled a total of 13 sessions. It was noted that the injured worker suffered a right knee injury while playing basketball in 1999. The injured worker has undergone a right knee arthroscopy (date unknown). The injured worker has been unable to return to work. Upon evaluation, the injured worker reported an increase in right knee pain and difficulty climbing stairs. Upon examination, there was moderate restriction, 3/5 motor weakness bilaterally, and moderate hypertonicity. Recommendations at that time included continuation of stretching and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the injured worker has completed a short course of physical therapy. There is no evidence of a significant functional improvement. Additional treatment would not be supported. The request as submitted also failed to indicate a specific body part to be treated. Given the above, the request is not medically appropriate.