

Case Number:	CM14-0207898		
Date Assigned:	12/19/2014	Date of Injury:	06/01/2010
Decision Date:	04/21/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/11/2014

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 53-year-old female, who sustained an industrial injury on June 1, 2010. The diagnoses have included left knee chondromalacia, status post left knee arthroscopy on 10/22/2010, with moderate to severe left knee degenerative joint disease, reactive depression and anxiety and compensatory low back component. Treatment to date has included lumbar-sacral orthosis (LSO) brace, TENS unit, toxicology urine screening and pain medication. Currently, the injured worker complains of left knee pain and low back pain. In a progress note dated November 11, 2014, the treating provider reports left knee examination revealed decreased range of motion, tenderness over the medial and lateral joint lines, positive McMurray's medial and lateral and tenderness to the lumbar spine with limited range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 3 times; 4 sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical therapy, 3 times; 4 sessions for the left knee is not medically necessary.