

Case Number:	CM14-0214892		
Date Assigned:	01/07/2015	Date of Injury:	07/08/1999
Decision Date:	03/04/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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, 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:

The injured worker suffered an industrial injury on July 8, 1999. The patient has diagnoses of chronic knee pain, severe osteoarthritis of the right knee, and has undergone previous knee surgery. The patient has had left Olney arthroplasty with continued pain. The patient has tried conservative therapy including activity restriction, viscosupplementation, physical therapy, and pain medications. The disputed request is for an additional 12 sessions of physical therapy for the right knee. A utilization review determination had noncertified this requests which was made between the dates of November 25, 2014 to January 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. There is no comprehensive summary of how many sessions have been attended in total over the course of this chronic injury, and what functional benefit the worker gained from PT. The progress note from 11/2014 associated with the PT request does not delve into past benefit or discuss past PT. Therefore additional physical therapy is not medically necessary.