

Case Number:	CM15-0007534		
Date Assigned:	01/22/2015	Date of Injury:	10/06/2011
Decision Date:	03/24/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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, Washington

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 is a 51-year-old female who reported an injury on 10/06/2011. The mechanism of injury was not provided. Her diagnoses were noted to include bilateral knee contusion, traumatic left knee, and compensatory injury of the lumbar spine sprain/strain. Past treatments were noted to include activity modification, medication, and 5 out of 8 certified sessions of physical therapy. On 11/06/2014, it was indicated the injured worker had intermittent moderate left knee pain. Upon physical examination, it was indicated that the injured worker had mild tenderness to palpation about the paralumbar musculature with restricted range of motion on flexion and extension. It was also indicated the injured worker had tenderness to palpation to the medial and lateral joint lines as well as restricted range of motion to the knee. Relevant medications were not included in the report. The treatment plan was noted to include physical therapy. A request was received for physical therapy 2x6 for the left knee without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

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

Decision rationale: According to the California MTUS Guidelines, physical medicine is recommended to restore function such as range of motion and motor strength. The guidelines indicate that no more than 10 visits should be necessary unless exceptional factors are notated. The clinical documentation submitted for review indicated the injured worker had participated in previous physical therapy sessions and continued to have restricted range of motion to the knees. However, there was no documentation regarding the outcomes of such therapy. Consequently, the request is not supported. Additionally, the request exceeds the guidelines recommended duration of treatment and no exceptional factors were notated. As such, the request for physical therapy 2x6 for the left knee is not medically necessary.