

Case Number:	CM15-0008079		
Date Assigned:	01/26/2015	Date of Injury:	06/12/2013
Decision Date:	04/10/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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

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 49 year old, female patient, who sustained an industrial injury on 06/12/2013. A primary treating office visit dated 07/14/2014 reported the patient not working. She has been receiving viscous supplement injections to bilateral knees; 04/28/2014, 05/02/2014 and the third injection on 05/14/2014. Objective findings showed audible crepitus of bilateral knees during any bending. She has mild effusion in both joints. The patient's symptoms are mostly on the patellofemoral joint. A request was made for 14 physical therapy visits treating the left knee and IE re-evaluation. On 12/22/2014, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Physical Medicine, Therapy was cited. On 01/14/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 for the left knee and IE and re-evaluation: 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 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy 2 x 6 for the left knee and IE and re-evaluation is not medically necessary.