

Case Number:	CM15-0008617		
Date Assigned:	01/26/2015	Date of Injury:	07/22/2014
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
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: 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 30-year-old male who reported an injury on 07/22/2014 due to an unspecified mechanism of injury. On 12/09/2014, he presented for a followup evaluation. It was stated that he had pain in the left knee that varied throughout the day with morning stiffness and afternoon fatigue pain. He also complained of difficulty sleeping and waking several times per night secondary to pain. A physical examination showed range of motion was 95 degrees with flexion and -10 degrees with extension on the left and strength was a 3/5. He had a shortened step length and asymmetrical stride length. He had decreased cadence, and an antalgic gait pattern, and excessive lateral trunk lean. There was increased pain with palpation with mild depth palpation of the left knee joint line, lateral more than medial. Information regarding his diagnoses was not provided. The treatment plan was for physical therapy 2 x 4 to the left knee. The rationale was to address the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the left knee: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend 9 to 10 sessions over 8 weeks for the injured worker's condition. The clinical documentation submitted for review does show that the injured worker has functional deficits regarding the left knee. However, the documentation provided also indicates that the injured worker had previously undergone physical therapy. Further clarification is needed regarding how many sessions of physical therapy he had previously attended as well as his response of those sessions in terms of pain relief and improved function. Without this information, the request would not be supported. As such, the request is not medically necessary.