

Case Number:	CM15-0133531		
Date Assigned:	07/21/2015	Date of Injury:	05/21/2013
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 60-year-old male, who sustained an industrial injury on May 21, 2013. He reported he felt a pulling sensation in his left shoulder and left arm along with immediate pain in his left shoulder, arm and left knee. He later reported injury to his back. The injured worker was diagnosed as having musculoligamentous sprain cervical spine, impingement syndrome left shoulder, bilateral carpal tunnel syndrome, musculoligamentous sprain lumbar spine, internal derangement right knee and internal derangement left knee. Treatment to date has included diagnostic studies, physical therapy, aquatic therapy and knee brace. On May 18, 2015, the injured worker complained of left knee pain rated a 5 on a 1-10 pain scale. The pain radiated down to the lower extremity to the ankle. He reported clicking or popping in his left knee. He uses a cane for assistance with ambulation. He has difficulty with ascending or descending stairs, pivoting, bending the knee, kneeling and squatting. He also complained of right knee pain rated as a 6/10 on the pain scale. On the date of exam, the injured worker underwent a synvisc injection of the right knee. The treatment plan included second injection and physical therapy eight visits for bilateral knees and lumbar spine. On June 11, 2015, Utilization Review non-certified the request for physical therapy for the left knee two times four, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Knee 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter and pg 54.

Decision rationale: According to the guidelines, most disorders of the knee require 9 visits of therapy over 8 weeks. In this case, the claimant had already undergone several months of therapy over 2 years. There is no indication that additional therapy cannot be completed at home. The request for additional 8 sessions is not medically necessary.