

Case Number:	CM15-0143911		
Date Assigned:	08/04/2015	Date of Injury:	11/12/2004
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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, 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 55 year old male who sustained an industrial injury on 11-12-04. Initial complaints and diagnoses are not available. Treatments to date include medications, injections, 12 sessions of postoperative physical therapy, and left knee surgery. Diagnostic studies are not addressed. Current complaints include left knee pain rated at 6/10. Current diagnoses include refractory left patellar tendinitis. In a progress note dated 06-04-15 the treating provider reports the plan of care as additional postoperative physical therapy, shock wave therapy, tramadol, and a topical nonsteroidal. The requested treatments include additional postoperative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines

Page(s): 24-5.

Decision rationale: Regarding the request for physical therapy, CA MTUS supports up to 12 postoperative sessions. Within the documentation available for review, the patient completed 12 postoperative PT sessions with some improvement in pain and ROM. There is no remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy to support the need for PT beyond the amount recommended by the CA MTUS. In light of the above issues, the currently requested physical therapy is not medically necessary.