

Case Number:	CM15-0166868		
Date Assigned:	09/04/2015	Date of Injury:	03/03/2014
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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 63 year old male, who sustained an industrial injury on 3-3-2014. He reported pain in the left knee, neck and left arm from a trip and fall. Diagnoses include left knee sprain, status post left total knee arthroplasty four months prior to industrial injury. Treatments to date include NSAID, activity modification, knee brace and neck brace. Currently, he complained of ongoing pain left knee pain with clicking, popping, locking sensations, and swelling. On 7-2-15, the physical examination documented tenderness and effusion of the left knee with positive Varus and Valgus laxity noted. The plan of care included a request to authorize twelve physical therapy sessions, three times a week for four weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for left knee: Upheld

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

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

Decision rationale: The requested Physical therapy 3 times a week for 4 weeks for left knee, is not medically necessary. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98 and 99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has ongoing pain left knee pain with clicking, popping, locking sensations, and swelling. On 7-2-15, the physical examination documented tenderness and effusion of the left knee with positive Varus and Valgus laxity noted. The treating physician has not documented objective evidence of functional improvement from previous therapy sessions nor the medical necessity for a current therapy trial beyond 6 sessions and then re-evaluation. The criteria noted above not having been met, Physical therapy 3 times a week for 4 weeks for left knee is not medically necessary.