

Case Number:	CM15-0169370		
Date Assigned:	09/10/2015	Date of Injury:	05/27/2014
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old female who sustained an industrial injury on 05-27-14. A review of the medical records indicates that the injured worker is undergoing treatment for pain in the joint in the leg and complex regional pain syndrome. The patient is status post c Medical records (08-10-15) indicate "the knee is still very painful, taking Percocet twice a day and cannot get knee strength back." The physical exam indicates "quad strength 4/5" and "+ joint pain." Treatment has included an unknown number of physical therapy sessions. The treating provider indicates no plans for additional treatment. The original utilization review (08-19-15) non certifies additional physical therapy as there was no documentation of progress or lack thereof from the physical therapy that has already been received by the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional PT 2x4 Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: Additional PT 2x4 visits is not medically necessary per the MTUS Guidelines. The MTUS Postsurgical Guidelines recommend 12 visits of PT postoperatively for this condition over 4 months. The documentation indicates that the patient has completed 12 visits of postoperative PT. The patient is now out of the post operative period and the MTUS Chronic Pain Medical Treatment Guidelines recommends up to 10 visits for myositis/myalgia; up to 10 visits for neuritis and up to 24 visits for CRPS. The documentation fails to reveal objective findings of CRPS on physical examination. The documentation fails to reveal objective measurable evidence of functional improvement from prior PT. Additionally, the request does not specify a body part for the therapy therefore this request is not medically necessary.