

Case Number:	CM15-0186504		
Date Assigned:	10/21/2015	Date of Injury:	07/10/2013
Decision Date:	12/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/22/2015

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 56 year old male who sustained an industrial injury on 7-10-13. A review of the medical records indicates he is undergoing treatment for chronic recurrent musculoligamentous strain of the lumbar spine, chronic recurrent sprain and strain of bilateral knees with patellofemoral syndrome and internal derangement, status post right knee surgery, and status post arthroscopic surgery of the left knee. Medical records (4-6-15, 5-18-15) indicate complaints of headaches, bilateral shoulder pain, bilateral hand numbness, weakness, and cramping, and bilateral knee pain. He rates his knee pain "6-8 out of 10" (4-6-15). He states that his right knee "slips and cracks" (5-18-15). He also complains of pain in bilateral hips and states that the pain radiates from the hips down the bilateral posterior thighs into the feet (5-18-15). The physical exam (5-18-15) reveals stiffness in the cervical spine. Diminished range of motion is noted of the thoracic spine. Bilateral shoulder range of motion is noted to be within normal limits. Diminished range of motion is noted of the lumbar spine. The straight leg raise in a supine position "elicits lower back complaints". Range of motion of bilateral knees is noted to be within normal limits. "Some" residual laxity is noted with "Lachman and anterior drawer testing" of the right knee. The treating provider indicates "there is patellofemoral inhibition testing which is positive, bilateral". Motor strength is noted to be "4 out of 5" on the right and "4+ out of 5" on the left. Diagnostic studies have included x-rays of both knees, a lumbar x-ray, x-rays of the right ankle and foot, an x-ray of the right tibia and fibula, and MRIs of the lumbar spine and knees. Treatment has included physical therapy of the back and knees, chiropractic treatment, activity modification, a knee brace, and medications. The number of physical therapy

sessions completed is not indicated in the records. The utilization review (8-18-15) includes a request for authorization of physical therapy for bilateral knees 3 times a week for 4 weeks. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, bilateral knees, 3 times weekly for 4 weeks, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior PT sessions (Total number was not documented) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.