

Case Number:	CM15-0191213		
Date Assigned:	10/05/2015	Date of Injury:	02/08/2012
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/29/2015

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

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 female who sustained an industrial injury 2-8-2012. Diagnosis provided is bilateral knee internal derangement. Documented treatment includes left knee arthroscopy "for meniscal injury," aquatherapy, home exercise, ice, psychotherapy, bilateral hinged knee brace supports, medication including Tramadol, Gabapentin, and Mobic, but on 8-10-2015 the injured worker stated the "medication is not working." She has recently received at 6 to 7 sessions of physical therapy for her knees. The initial physical therapy evaluation note and treatment plan of 4-20-2015 is provided in the medical records, but subsequent visits and response to treatment are not present. In the 5-21-2015 note, the injured worker is stated to have had benefit from physical therapy, but "remains symptomatic." The injured worker continues to report "severe" pain rated as 10 out of 10 at an 8-10-2014 visit, with bilateral leg swelling noted by the examining physician. The treating physician's plan of care includes 8 additional physical therapy sessions for both knees. This was denied on 8-26-2015. The physical therapy note 4-20-2015 stated the injured worker is "unable to work".

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1 x a week x 8 weeks, knees (8 sessions): Upheld

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

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

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic 2012 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy 1 x a week x 8 weeks, knees (8 sessions) is not medically necessary and appropriate.