

Case Number:	CM15-0191713		
Date Assigned:	10/05/2015	Date of Injury:	07/09/2011
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
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: Pennsylvania, Ohio, 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 60 year old, male who sustained a work related injury on 7-9-11. A review of the medical records shows he is being treated for right knee pain. Treatments have included chiropractic treatments (unknown number of sessions), right knee surgery on 7-15-15 and medications. Current medications include Ibuprofen. In the progress notes, the injured worker reports right knee pain which he rates a 4 out of 10. He reports he is "all improved since the knee surgery." In the objective findings dated 7-29-15, the right knee is slightly swollen. He is not working. The treatment plan includes a continuation of his therapy, use of Ibuprofen and use a cane. The Physical Therapy Referral dated 9-11-15 has a request for 6 weeks of therapy to right knee. In the Utilization Review dated 9-21-15, the requested treatment of physical therapy 2x week x 6 weeks to right knee is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee, twice weekly for six weeks: 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: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.