Case Number:	CM15-0193813		
Date Assigned:	10/07/2015	Date of Injury:	02/03/2010
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old female patient, who sustained an industrial injury on 02-03-2010. She has reported injury to the hands, neck, and left knee. The diagnoses have included cervical disc disorder; neuroma; rotator cuff syndrome; and derangement of knee. Per the progress note from the treating physician, dated 07-23-2015, she had left knee pain and it keeps her up at night; rated at 8 out of 10 in intensity; the left knee numbness from sitting too long; bilateral upper extremity numbness; significant numbness in both of her hands; difficulty to grasp things, especially for long periods of time. The physical examination of the knee revealed some tenderness just inferior to her patellae; some tenderness to her anterior knee even with light percussion; and she has had some injections in this area in the past without long lasting relief. She was not taking any pain medication. Previous medications have included non-steroidal anti-inflammatory agents. She has a history of neuroma in the left knee. She has undergone cervical spine surgery. Date and report of this surgery was not specified in the records provided. Treatment to date has included medications, diagnostics, cervical epidural steroid injection, knee injections, and home exercise program. The treatment plan has included the request for physical therapy x 12. The original utilization review, dated 09-17-2015, non- certified the request for physical therapy x 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 12: Upheld

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

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

Decision rationale: The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. The requested visits are more than recommended by the cited criteria. Details regarding previous physical therapy visits for this injury are not specified in the records provided. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visit notes are not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. Physical Therapy x 12 is not medically necessary for this patient at this time.