

Case Number:	CM15-0195978		
Date Assigned:	10/09/2015	Date of Injury:	06/10/2010
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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 58 year old female with an industrial injury date of 06-10-2010. Medical record review indicates she is being treated for knee pain and pain in joint lower leg. Subjective complaints (08-31-2015) noted the injured worker rated her pain with medications as 6 out of 10 and pain without medications as 7 out of 10. The treating physician documented no new problems or side effects, activity level remained the same and quality of sleep was poor. Specific activities of daily living are not indicated in the medical records reviewed. Work status is documented (08-31-2015) as "permanent and stationary;" "currently not working." Prior treatment included at least 12 sessions of physical therapy. The treating physician documented the injured worker was pursuing a home exercise program. Other treatments included medications, cane and behavioral pain management group psychotherapy. Objective findings (08-31-2015) noted the injured worker appeared to be depressed and in moderate pain. Gait was right sided, antalgic, slow, wide based and assisted by a cane. Right knee exam revealed restricted range of motion with flexion limited to 90 degrees by pain and extension limited to 0 degrees by pain. There was tenderness to palpation over the lateral joint line and medial joint line. Right knee was stable to valgus stress in extension at 30 degree. There was mild effusion in the right knee joint. On 09-15-2015 the request for physical therapy 2 x 6 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines, Physical Medicine Guidelines.

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

Decision rationale: The documentation dated 8/31/15 states that the patient was pursuing a home exercise program. The MTUS recommends a transition to an independent home exercise program. The documentation indicates that the patient has had 12 prior PT sessions. The documentation is not clear that there has been a significant objective functional improvement from the prior 12 sessions. The documentation does not reveal extenuating factors which necessitate 12 more supervised therapy sessions therefore this request is not medically necessary.