

Case Number:	CM15-0198938		
Date Assigned:	10/14/2015	Date of Injury:	12/10/2010
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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 43 year old male, who sustained an industrial injury on 12-10-2010. Medical records indicate the worker is undergoing treatment for cervical sprain-strain, thoracic sprain-strain, lumbar disc bulge, bilateral knee surgery and bilateral foot strain. A recent progress report dated 9-2-2015, reported the injured worker complained of low back pain that radiates to the left lower extremity, right hand pain and bilateral knee pain. Physical examination revealed "painful range of motion in the lumbar spine and bilateral knees". Treatment to date has included unknown number of physical therapy visits and medication management. On 9-2-2015 the Request for Authorization requested Physical therapy 1x per week for 6 weeks, for the right knee. On 9-15-2015, the Utilization Review modified the request for Physical therapy 1x per week for 6 weeks, for the right knee to 6 visits for the whole body.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 1x per week for 6 weeks, for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and 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: Physical therapy 1x per week for 6 weeks, for the right knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition and a transition to an independent home exercise program. The documentation is not clear on how many prior right knee PT sessions the patient has had; why he is unable to perform an independent home exercise program; and the outcome of prior knee PT. Without clarification of this information, the request for physical therapy is not medically necessary.