

Case Number:	CM15-0205040		
Date Assigned:	10/21/2015	Date of Injury:	12/11/2013
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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:

This is a 44 year old male with a date of injury of December 11, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for rule out internal derangement of the knee. Medical records dated July 22, 2015 indicate that the injured worker complained of pain in both knee and back pain. A progress note dated August 19, 2015 documented complaints of right knee pain. Per the treating physician (August 19, 2015), the employee's disability was extended. The physical exam dated July 22, 2015 reveals full range of motion of the bilateral knees, no tenderness to palpation of the knees, and intact motor strength and sensation. The progress note dated August 19, 2015 documented a physical examination that showed decreased range of motion of the right knee, decreased tenderness, and intact motor strength and sensation. Treatment has included medications (Norco) and at least six sessions of physical therapy. The utilization review (October 12, 2015) non-certified a request for an additional six sessions of physical therapy evaluation and treatment for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy Evaluation and Treatment 2 x 3 weeks for the right knee:

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: Review of records indicates report of 7/22/15 noted full knee range and intact motor strength and sensation without tenderness; however, subsequent report of 8/19/15 noted decreased range and disability was extended for this chronic 2013 injury. 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 deficits to support for further treatment beyond the sessions already rendered. Review of submitted reports noted the patient has clinical findings of normal then decreased range, good strength with normal sensation and reflexes. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for further therapy treatment. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals when the patient has no defined deficits. The Chronic Pain Guidelines allow for 9-10 visits of therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated necessity or indication 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 should have been transitioned to an independent home exercise program. Submitted reports have not adequately demonstrated the indication to support for the physical therapy. The Additional Physical therapy Evaluation and Treatment 2 x 3 weeks for the right knee is not medically necessary or appropriate.