

Case Number:	CM15-0205894		
Date Assigned:	10/22/2015	Date of Injury:	07/09/1997
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
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: North Carolina

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 injured worker is a 72 year old male, who sustained an industrial injury on 07-09-1997. The injured worker was diagnosed as having aspiration of the left knee site likely to overuse and mild knee arthritis the contralateral right knee versus patellar tendonitis. On medical records dated 09-15-2015, the subjective complaints were noted as pain in left and right knee. Left knee was swollen and had a decreased range of motion. Objective findings were noted as left knee with a surgical incision, well healed, with mild effusion and a limited range of motion. Treatments to date and current medications were not listed on 09-15-2015. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for physical therapy 2 to 3 times a week for 6 weeks on the left knee was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 to 3 times a week for 6 weeks on the left 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: Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self- directed physical medicine. The request is not medically necessary.