

Case Number:	CM15-0209571		
Date Assigned:	10/28/2015	Date of Injury:	05/16/2006
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/24/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old, male who sustained a work related injury on 5-16-06. A review of the medical records shows he is being treated for left knee pain. In the progress notes dated 8-25-15 and 10-1-15, the injured worker reports persistent left knee pain. "Pain in his left knee has gone down some." On physical exam dated 10-1-15, he has posterior left knee pain and swelling. The iliotibial band is tight. Treatments have included 12 physical therapy visits, multiple left knee injections, chiropractic treatments, and home exercises. On a physical therapy evaluation dated 10-9-15, it is noted that he "presents with findings of left knee arthritis, pain, limited motion, stiffness and difficulty with prolonged stair climbing. He will benefit from continued skilled physical therapy to address these problems in order to return to usual light daily and work activities, and cycling, without restrictions or pain." Current medications include none listed. He is working full duty. The treatment plan includes left knee injections and additional physical therapy. The Request for Authorization dated 10-9-15 has requests for viscosupplementation series for left knee and additional physical therapy x 12. In the Utilization Review dated 10-15-15, the requested treatments of viscosupplementation series left knee 1 x 4 and additional physical therapy to the left knee for 12 visits are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy left knee Qty 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: Additional physical therapy left knee #12 is not medically necessary. Per CaMTUS "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT." The medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the patient participated in a self-directed home exercise program to maximize his benefit with physical therapy; therefore, the requested for additional physical therapy is not medically necessary. As such, the request is not medically necessary.