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| Case Number: | CM15-0026756 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 09/19/2012 |
| Decision Date: | 04/06/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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: Texas, Florida

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 49 year old female, who sustained an industrial injury on 9/19/12. She has reported right knee and lower extremity injury. The diagnoses have included right total knee replacement and sprain/strain of bilateral knees, sacroiliac joint sprain, sprain/strain of ankles and slip and fall accident. Treatment to date has included right total knee arthroplasty on 3/3/2014, lumbar fusion L5-S1 in 2013, physical therapy, and activity modification. Currently, the injured worker complains of painful and tight right knee. There was no detail in the physical examination noted on the most recent clinic note dated 1/14/2015. On 12/23/14 physical exam noted edema of right knee with decreased range of motion. On 1/23/15 Utilization Review non-certified additional physical therapy (8), noting the medical history and examination do not provide sufficient details to support another course of physical therapy. The MTUS, ACOEM Guidelines, was cited. On 2/12/15, the injured worker submitted an application for IMR for review of additional physical therapy (8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22, 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Physical Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical therapy (PT) treatment can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of PT can result in increase in range of motion, functional restoration, reduction in pain, and medication utilization. The guidelines recommend that patient proceed to home exercise program after completion of supervised PT. The records did not show a detailed objective finding consistent with exacerbation of musculoskeletal pain. The patient had already completed supervised PT programs. The criteria for additional 8 PT are not met.