

Case Number:	CM15-0218649		
Date Assigned:	11/10/2015	Date of Injury:	08/23/2015
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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:

The injured worker is a 53 year old female, who sustained an industrial injury on 08-23-2015. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for left knee sprain-strain, left knee contusion, left foot contusion, and left foot pain. Treatment and diagnostics to date has included physical therapy (completed 6 visits as of 09-17-2015 progress note) and use of medications. Recent medications have included Acetaminophen, Meloxicam, and Tramadol. Subjective data (08-24-2015, 09-17-2015, and 10-02-2015), included left knee pain. Objective findings (09-17-2015) included left knee tenderness to left lateral joint line, "normal" left knee range of motion, and 5 out of 5 muscle strength to left lower extremity. The treating physician noted on 10-02-2015 that the injured worker has attended 6 physical therapy sessions "with no relief". The request for authorization dated 10-14-2015 requested physical therapy 3x4 weeks. The Utilization Review with a decision date of 10-19-2015 modified the request for physical therapy 3x4 weeks for the left knee to 4 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for 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: Review indicates the treating physician noted on 10-02-2015 that the injured worker has attended 6 physical therapy sessions "with no relief". 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 progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Guidelines allow for 8-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received previous therapy sessions without demonstrated evidence of functional improvement 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 has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy for an additional 12 sessions beyond guidelines recommendation when prior treatment rendered has not resulted in any functional benefit. The physical therapy 3x4 weeks for left knee is not medically necessary and appropriate.