

Case Number:	CM15-0221182		
Date Assigned:	11/16/2015	Date of Injury:	05/08/2015
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 male, who sustained an industrial injury on 5-08-2015. The injured worker was diagnosed as having sprain of knee and leg, not otherwise specified. Treatment to date has included acupuncture, extracorporeal shockwave therapy left shoulder, unspecified physical therapy, and medications. On 9-30-2015, the injured worker complains of left shoulder pain, rated 6 out of 10, and right knee pain, rated 9 out of 10 (unchanged from 7-17-2015). Objective findings regarding the right knee included tenderness to palpation of the medial joint line, noting exam limited due to pain. There was "no bruising, swelling, atrophy, or lesion present at the right knee". He was prescribed Norco and Cyclobenzaprine. The treatment plan included continued physical therapy, 2x4. The number of completed physical therapy sessions was unclear, along with the results of treatment. Physical therapy progress notes were not submitted. He remained off work and function with activities of daily living was not described. On 10-16-2015 Utilization Review non-certified a request for physical therapy for the right knee x8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, right knee, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg (Acute & Chronic) - Physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing left shoulder and right knee pain. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for eight physical therapy sessions for right knee done at an unspecified frequency is not medically necessary.