

Case Number:	CM15-0035641		
Date Assigned:	03/04/2015	Date of Injury:	07/08/2013
Decision Date:	04/14/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: Preventive Medicine, Occupational 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 49 year old male, who sustained an industrial injury on 7/8/2013. The details of the initial injury were not submitted for this review. The diagnoses have included left knee strain, degenerative joint disease, left knee, status post arthroscopy with partial meniscectomy and chondroplasty 10/10/14, lumbar spine strain/contusion, left hip strain/contusion and left ankle sprain. Treatment to date has included medication therapy and physical therapy. Currently, the IW complains of left hip, knee, and ankle pain along with back pain that is reported as worse with prolonged standing with significant weakness and instability in the knee. The medical records indicated completion of all 12 physical therapy sessions. The physical examination from 2/3/15 documented tenderness over the left hip, left knee, and left ankle with palpation. Range of Motion (ROM) was still decreased in left knee. The plan of care was for additional physical therapy due to weakness, instability, and decreased range of motion. On 1/28/2015 Utilization Review non-certified of twelve (12) physical therapy treatments (left knee, left hip, left ankle and lumbar spine), noting the documentation did not support additional treatments over initiation of a home exercise program. The MTUS Guidelines were cited. On 2/25/2015, the injured worker submitted an application for IMR for review of twelve (12) physical therapy treatments (left knee, left hip, left ankle and lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 treatments (left knee, left hip, left ankle and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. Physical therapy 12 treatments (left knee, left hip, left ankle and lumbar spine) is not medically necessary.