

Case Number:	CM15-0040496		
Date Assigned:	03/10/2015	Date of Injury:	03/26/2006
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/03/2015

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 50 year old female, who sustained an industrial injury on 3/26/2006. She reported that her knee made a popping noise and she had sharp pain in the back of the left knee. The diagnoses have included left knee medial/lateral degenerative joint disease. Treatment to date has included physical therapy (over 24 sessions), anterior cruciate ligament (ACL) reconstruction (2008) and medication. According to the progress report dated 2/3/2015, the injured worker reported three to four days relief with a cortisone injection and reported pain with activity. The objective findings were illegible. Authorization was requested for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Left Knee, 12 visits: 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 Physical Medicine Page(s): 99.

Decision rationale: MTUS Guidelines recommend from 8-10 sessions as adequate for chronic musculoskeletal problems. This individual has had extensive therapy in the past and the request which exceeds Guidelines is not justified by the requesting physician. A few sessions to renew a home exercise program may be reasonable, but medical necessity of 12 sessions is not demonstrated. The request for 12 sessions of physical therapy for the left knee is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.