

Case Number:	CM15-0040697		
Date Assigned:	03/10/2015	Date of Injury:	06/26/2012
Decision Date:	09/23/2015	UR Denial Date:	02/19/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 32 year old male, who sustained an industrial injury on 6-26-2012, resulting from a slip and fall. The injured worker was diagnosed as having left ankle inversion injury with ligamentous sprain, lumbar spine intervertebral disc protrusion, lumbar stenosis, lumbosacral sprain-strain, underlying grade 1 spondylolisthesis of L5 on S1, and left knee contusion with sprain-strain. Treatment to date has included diagnostics, pain management, and medications. Currently, the injured worker complains of constant low back pain with radiation to the groin and left knee pain, with reduced and painful range of motion and popping of the knee. Work status was modified and he was not working. Exam of the left knee noted tenderness to palpation over the patella region, effusion, and a left sided antalgic gait. Current medication regimen was not noted. The treatment plan included physical therapy (2x6) for the left knee to continue functional improvement and to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy two times a week for six weeks for left knee as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2 California Code of Regulations, Title 8, Effective July 18, 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in June 2012 and is being treated for left knee and low back pain with symptoms radiating to the groin. When seen, there was no new injury. Physical examination findings included lumbar and bilateral buttock tenderness with restricted hamstrings. There was left patellar tenderness and a knee joint effusion. The claimant had an antalgic gait. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.