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| Case Number: | CM15-0043217 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 05/22/2001 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/23/2015 |
| Priority: | Standard | Application Received: | 03/06/2015 |

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 56-year-old male who reported an injury on 05/22/2001. The mechanism of injury was not stated. The current diagnosis is primary localized osteoarthritis of the lower leg. The injured worker presented on 03/11/2015 for a follow-up orthopedic evaluation. The injured worker indicated significant pain and swelling in the right knee. The injured worker was attempting to perform home exercises. Upon examination, there was mild swelling, generalized tenderness, and 0 to 100 degree range of motion. It was noted that the injured worker was status post knee replacement on an unknown date. The injured worker was encouraged to continue with home exercise and recommended a gym membership or a stationary bike for knee strengthening. There was no Request for Authorization form was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines, Knee and Leg.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state 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. The request as submitted failed to indicate a specific body part to be treated. Documentation of significant functional improvement following an initial course of therapy was not provided. Given the above, the request is not medically necessary