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| Case Number: | CM15-0046453 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 06/14/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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 51 year old female who sustained an industrial injury on 06/14/14. Initial complaints and diagnoses are not available. Treatments to date include medications and chiropractic treatments. Diagnostic studies include MRIs and x-rays of the right knee. Current complaints include right knee pain. In a progress note dated 01/29/15 the treating provider reports the plan of care as physical therapy and acupuncture. The requested treatment is physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee, twice weekly for six weeks: Upheld

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

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

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 QME report dated 10/21/2014 indicated the worker was experiencing right knee pain and weakness, numbness and tingling in the right thigh and foot, and decreased sleep. These records did not specify the functional goals expected with therapist-directed physical therapy or discuss the reason these sessions would be expected to be of more benefit than a home exercise program. In the absence of such evidence, the current request for twelve physical therapy sessions for the right knee done twice weekly for six weeks is not medically necessary.