

Case Number:	CM15-0048679		
Date Assigned:	03/20/2015	Date of Injury:	03/24/2006
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/16/2015

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:

This 53 year old male sustained an industrial injury to the right knee on 3/24/06. Previous treatment included magnetic resonance imaging, physical therapy, corticosteroid injections, home exercise and medications. In a progress note dated 3/10/15, the injured worker reported that the corticosteroid injection he received on his last visit was the most effective treatment he had had in the past ten years. The injured worker reported minimal right knee residual medial pain and some discomfort lateral pain. Physical exam was remarkable for full range of motion of the joints of bilateral lower extremities without instability and right knee with 5/5 strength and no crepitus. Current diagnoses included improved right knee internal derangement. The treatment plan included continuing home exercise and continuing physical therapy.

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.

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker is reported to be doing very well and is encouraged to continue doing his home exercise program. Prior physical therapy is not described in terms of total number of sessions or efficacy, but this request is noted to be for additional therapy. The medical records indicate that the right knee is stable. The requesting provider's goal of additional therapy beyond that which is expected from the home exercise program is not reported. The request for 12 Physical Therapy Sessions is determined to NOT be medically necessary.