

Case Number:	CM15-0052424		
Date Assigned:	03/25/2015	Date of Injury:	07/08/2014
Decision Date:	05/07/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/19/2015

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, 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 53 year old female, who sustained an industrial injury on 7/8/14. The submitted medical documentation does not describe the initial complaints of the injury. The injured worker was diagnosed as having derangement posterior horn medial meniscus; primary LOC osteoarthritis lower leg. Treatment to date has included medications. Currently, PR-2 notes dated 9/9/14 for this review as not sufficient to support the medical necessity of the additional physical therapy 3x2, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal physical therapy 3x2, right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Knee Chapter, PT.

Decision rationale: In the case of this injured worker, the submitted documentation indicates the patient has completed physical therapy in the past, but the number of past visits in total,

functional benefit from prior therapy, and a comprehensive summary of past therapy is not submitted. According to the claims administrator, the patient has recently attended 12 sessions of PT. The Chronic Pain Medical Treatment Guidelines recommend that formal physical therapy should be tapered to self-directed home exercises. A review of the submitted documentation fails to reveal the details of any of the aforementioned points which would be critical in order to authorized additional therapy. Therefore, additional physical therapy is not medically necessary.