

Case Number:	CM15-0054256		
Date Assigned:	03/27/2015	Date of Injury:	12/22/2010
Decision Date:	05/04/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/23/2015

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 47 year old female, who sustained an industrial injury on 12/22/2010. She reported bilateral knee pain with no specific injury mentioned. The injured worker was diagnosed as having bilateral symptomatic pes plano valgus feet and hyper mobile patella and status post bilateral knee arthroscopy. There is no record of a recent diagnostic study. Treatment to date has included steroid injections, physical therapy and medication management. In a progress note dated 2/13/2015, the injured worker complains of bilateral knee pain. The treating physician is requesting 6 physical therapy sessions to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Physical Therapy sessions for the Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 December 2010 and continues to be treated for bilateral knee pain. When seen by the requesting provider the claimant had completed 6 therapy sessions with improvement in pain and function. An additional six sessions of physical therapy was requested. In this case, compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing the number of requested additional skilled therapy treatments would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The claimant has no other identified impairment that would preclude performing such a program. Therefore, the requested therapy was not medically necessary.