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| Case Number: | CM15-0055417 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 11/09/1999 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/04/2015 |
| 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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 11/09/1999. She has reported subsequent back and knee pain and was diagnosed with residual lumbar pain with radiculopathy and bilateral knee sprain. Treatment to date has included oral pain medication and surgery. In a progress note dated 02/03/2015, the injured worker complained of continued low back pain which had somewhat improved after undergoing revision surgery. Objective findings were notable for tenderness and spasm of the lumbar spine and knees and an antalgic gait. The physician noted that a request for 12 sessions of physical therapy of the knees was being made since the injured worker had not improved over the past several weeks.

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 ACOEM Chapter 13 Knee Complaints Page(s): 388.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knees.

Decision rationale: The request is for 12 visits for physical therapy to the knees. This request exceeds MTUS/ACOEM guidelines. ODG recommends 9 sessions of physical therapy over 8 weeks in cases of internal derangement of the knee. This patient's medical record reveals no diagnosis of internal derangement. Review of the submitted medical records does not reveal any history of subjective complaints of knee pain or previous treatment of knee pain. Therefore the knee pain appears acute and a request for 3 visits would be appropriate for education of the patient in a home exercise program of the knees. The request for 9 PT sessions, however, is not medically necessary.