

Case Number:	CM15-0081429		
Date Assigned:	05/04/2015	Date of Injury:	06/07/2012
Decision Date:	06/02/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/28/2015

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: Emergency 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 28 year old female who sustained an industrial injury on 6/7/12. The injured worker reported symptoms in the spine and right knee. Per the Qualified Medical Re-evaluation dated 4/30/14, the injured worker was diagnosed as having sprain/strain bilateral wrists, sprain anterior cruciate ligament versus partial tear, chronic medial collateral ligament sprain, articular cartilage defect lateral femoral condyle, and patella femoral incongruity lateral tracking of the patella, valgus deformity, lumbosacral strain/strain and degenerative disc disease lumbosacral spine. Treatments to date have included activity modification. Currently, the injured worker complains of pain in the lumbosacral spine and right knee. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks (18 sessions) for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was not documented) was completed and had reported subjective improvement. Guidelines do not recommend more than 10 PT sessions for the diagnosis listed. The requested number of sessions exceed the maximum number of recommended sessions and is therefore not medically necessary.