

Case Number:	CM15-0107516		
Date Assigned:	06/12/2015	Date of Injury:	07/06/2012
Decision Date:	07/13/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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

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 48 year old female sustained an industrial injury on 7/6/12. She subsequently reported left knee pain. Diagnoses include pain in joint lower leg. Treatments to date include physical therapy and prescription medications. The injured worker continues to experience left knee pain. Upon examination, tenderness with palpation to the left lateral aspect of the knee. Range of motion was within normal limits. Strength was 5/5. A request for Physical therapy 3 times a week for 4 weeks, total of 21 sessions to the left knee was made by the treating physician.

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 4 weeks, total of 21 sessions to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13
 Knee Complaints Page(s): 337-339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Physical Therapy, pages 98-99.

Decision rationale: The patient has no clinical deficits identified on examination with normal range of motion and intact motor strength of 5/5 in the extremities. Submitted reports have no

acute flare-up or specific physical limitations to support for physical therapy. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There is unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. The employee is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support treatment request. The Physical therapy 3 times a week for 4 weeks, total of 21 sessions to the left knee is not medically necessary and appropriate.