

Case Number:	CM15-0016822		
Date Assigned:	02/05/2015	Date of Injury:	06/17/2013
Decision Date:	03/30/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 48 year old male, who sustained an industrial injury on 06/17/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include left collateral ligament laxity, status post reefing, low back pain, failed tibial plateau fracture open reduction internal fixation, status post total left knee arthroplasty, and minimal left ankle osteoarthritis. Treatment to date has included physical therapy, above listed surgical procedures, home exercise program, Kenalog injection to the left ankle, and medication regimen. In a progress note dated 12/09/2014 the treating provider reports mild pain to the left knee and left ankle pain. The treating physician requested additional physical therapy however the documentation did not indicate the reason for the requested treatment. On 01/07/2015 Utilization Review modified the requested treatment of additional physical therapy two times a week for four weeks for the low back and knee, noting the American College of Occupational and Environmental Medicine, Second Edition, Chapter 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times a week for four weeks for the low back and the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - low back, PT

Decision rationale: The available medical records report pain in low back status post multiple physical therapy visits provided to date. The records do not reflect specific objective functional outcome of previous physical therapy provided and does not indicate the functional goals of additional physical therapy at this time. There is no indication of other conservative therapy or self directed program to complement physical therapy to provide ongoing improvement. ODG guidelines do not support physical therapy for ongoing treatment of low back and knee when used along. Additional physical therapy is not supported based on these findings.