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| Case Number: | CM15-0112673 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 03/03/1998 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 05/20/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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, 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 (n) 59-year-old male, who sustained an industrial injury on 3/3/98. He reported pain in his left knee and ankle. The injured worker was diagnosed as having left knee degenerative joint disease, left knee chondromalacia and left ankle osteoarthritis. Treatment to date has included a left knee arthroscopy, left knee manipulation under sedation, left knee unicompartment arthroplasty on 3/9/15 and physical therapy. Notes submitted several physical therapies for review. As of the PR2 dated 4/24/15, the treating physician noted left knee range of motion was 0-95 degrees and the injured worker reported significant radiculopathy. The treating physician requested physical therapy x 12 sessions for the left knee. Notes indicate that the patient has completed 35 sessions of therapy to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Left Knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Physical Therapy.

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), Knee & Leg Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that are expected to improve with additional formal supervised therapy. Furthermore, the request exceeds the amount of PT recommended by the CA MTUS and there is no documentation of complicating factors to support additional therapy on what guidelines generally recommend. In light of the above issues, the currently requested additional physical therapy is not medically necessary.