

Case Number:	CM15-0113980		
Date Assigned:	06/22/2015	Date of Injury:	06/13/2009
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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: Preventive Medicine, Occupational 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 56 year old female who sustained an industrial injury on 06/13/09. Initial complaints and diagnoses are not available. Treatments to date include medications and left knee replacement. Diagnostic studies are not addressed. Current complaints include left knee pain and clicking. Current diagnoses include left knee common peroneal neuralgia, gait abnormality, lumbago, lumbar ad thoracic strain, sacroiliac pain, and lumbar facet joint pain. In a progress note dated 04/14/15 the treating provider reports the plan of care as medications including Norco and gabapentin, physical therapy, a brace, and left medial and lateral collateral ligament injections. The requested treatments include physical therapy to the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, quantity: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 9th Edition, 2011, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26 Page(s): 98-99.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. This patient was previously approved for six sessions of physical therapy for the left knee on 03/25/2015. There was no mention as to whether or not the patient attended those sessions or if they resulted in any functional improvement. Additional physical therapy for the left knee, quantity: 6 sessions is not medically necessary.