

Case Number:	CM15-0119588		
Date Assigned:	07/23/2015	Date of Injury:	06/28/2014
Decision Date:	09/01/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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 50-year-old female who sustained an industrial injury on 06-28-14. Initial complaints include left knee pain. Initial diagnoses include left knee derangement. Treatments to date include medications, steroid injection into the left knee, and physical therapy. Diagnostic studies include MRIs of the left knee, right hip, lumbar spine, and electro diagnostic studies of the lower extremities. Current complaints include pain in the lower back, right hand, right hip and left knee. Current diagnoses include lumbar facet syndrome, low back pain, and hip and knee pain. In a progress note dated 06-01-15 the treating provider reports the plan of care as an orthopedic consultation for the left knee and a referral to a psychologist, as well as medications including Lidoderm, Gabapentin, trazadone; a urine drug screen, and physical therapy to the lower back, right hip and left knee. 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, 2 times a week for 6 weeks, for the left knee: Upheld

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

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, and 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 9 visits of PT recommended by ODG for meniscus injuries and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional physical therapy is not medically necessary.