

Case Number:	CM15-0120271		
Date Assigned:	06/30/2015	Date of Injury:	06/18/2008
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
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 70 year old female who sustained an industrial injury on June 18, 2008. He has reported left knee pain and low back pain and has been diagnosed with degenerative joint disease of the left knee. Treatment has included medications, physical therapy, surgery, and acupuncture. Recent progress note noted the injured worker was tender over the buttock, piriformis and SI joint area. Reflexes and motor examination were intact. Heel-toe gait was good. MRI of the left knee reveals degenerative changes in the medial compartment truncation of the medial meniscus. There is edema in the medial tibial condyle, which is mild. Previous arthroscopic pictures reveal grade IV chondromalacia of the very medial aspect of the tibia. The femur is relatively intact. There is prior partial meniscectomy. The treatment request included physical therapy.

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 4 weeks, lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. It is noted that prior to the May 2015 request for PT, there was a physical therapy order from 11/24/2014 but no summary of the course the patient actually went through with. Therefore additional physical therapy is not medically necessary.