

Case Number:	CM15-0068883		
Date Assigned:	04/16/2015	Date of Injury:	10/13/2011
Decision Date:	05/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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 55-year-old female, who sustained an industrial injury on 10/13/2011. The injured worker was diagnosed as having lumbago, internal derangement of the knee, and cervicalgia. Treatment to date has included left knee arthroscopic surgery (11/21/2014), physical therapy (12 visits authorized post-operatively per Utilization Review report on 10/06/2014), and medications. Magnetic resonance imaging of the left knee, dated 2/23/2014, was submitted. Currently, the injured worker complains of pain in the cervical spine with radiation to the upper extremities (rated 5/10), low back pain with radiation to the lower extremities (rated 9/10), and left knee pain (rated 4/10). Her body mass index was 38%. Exam of the left knee revealed a well healing incision and some stiffness due to immobilization. Medication use was not detailed. The results of prior physical therapy were not noted. The treatment plan included physical therapy (2x8) to the left knee, for strengthening exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for left knee with strengthening exercises; two times a week for four weeks (2x4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines. Decision based on Non-MTUS Citation

ACOEM guidelines for Independent Medical examinations and consultations regarding Referrals, Chapter 7.

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 cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested additional physical therapy is not medically necessary.