

Case Number:	CM15-0073732		
Date Assigned:	04/23/2015	Date of Injury:	08/02/2013
Decision Date:	05/21/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts

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 24 year old female, who sustained an industrial injury on 8/2/13. She reported pain in her neck, low back and knees. The injured worker was diagnosed as having knee pain, cervicgia and lumbago. Treatment to date has included physical therapy and pain medications. As of the PR2 dated 3/27/15, the injured worker reports pain in her left knee. She indicated good response to previous physical therapy a year ago. The treating physician noted moderate medial joint line tenderness and mild quadriceps atrophy. The treating physician requested physical therapy 2x weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in August 2013 and underwent treatment for a left knee injury. When seen, she had done well after physical therapy treatments previously provided. Physical examination findings included medial joint line tenderness with normal range of motion. There was quadriceps atrophy and clicking over the patellofemoral joint. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the claimant has already had physical therapy and the number of additional visits requested is in excess of that recommended. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. Providing additional skilled physical therapy services would not reflect a fading of treatment frequency and would promote dependence on therapy provided treatments. The fact that the claimant has ongoing symptoms with quadriceps atrophy would be consistent with a failure to continue a self-sustaining independent exercise program. Therefore, this request is not medically necessary.