

Case Number:	CM15-0073913		
Date Assigned:	04/24/2015	Date of Injury:	11/28/2012
Decision Date:	06/04/2015	UR Denial Date:	03/19/2015
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 54 year old male, who sustained an industrial injury on 11/28/12. The injured worker has complaints of burning pain and weakness of the left lower extremity and low back pain with lower extremity symptoms. History of left knee surgery. The diagnoses have included left knee status post arthroscopic surgery times four; status post left knee anterior cruciate ligament reconstruction and meniscectomy, nonindustrial and left knee osteoarthopathy, moderate. Treatment to date has included left knee X-rays; physical therapy; magnetic resonance imaging (MRI) of the left knee; arthroscopy and medications. The request was for physical therapy lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine 3x4: Upheld

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

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-related injury in November 2012 and continues to be treated for bilateral knee and low back pain. When seen, his left knee pain had worsened. Medications were required for activities of daily living and to allow for exercise. There had been no new injury. A series of knee viscosupplementation injections were requested. 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 number of visits requested is in excess of that recommended and therefore not medically necessary.