

Case Number:	CM15-0074807		
Date Assigned:	04/24/2015	Date of Injury:	07/08/2014
Decision Date:	05/22/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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 60 year old male, who sustained an industrial injury on 07/08/2014. He reported an injury to his left hip and left leg. The injured worker is currently diagnosed as having hip or thigh sprain, knee injury, knee sprain/strain, sleep issues, hypertension, and depression. Treatment and diagnostics to date has included Transcutaneous Electrical Nerve Stimulation Unit, home exercise program, knee brace, left knee MRI, and medications. In a progress note dated 03/28/2015, the injured worker presented with complaints of continued hip pain bilaterally and left knee pain. The treating physician reported requesting authorization for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, 6 sessions: Overturned

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 Guideline.

Decision rationale: The claimant is nearly one year status post work-related injury and is being treated for bilateral hip and left knee pain. When seen, he was regularly performing a home exercise program. When seen, pain was rated at 6-7/10. He had knee weakness and had nearly fallen. The claimant is now more than 6 months status post work-related injury and therefore the chronic pain treatment guidelines now apply. 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 consistent with that recommended and the claimant has ongoing pain and weakness despite compliance with his current home exercise program. The request is therefore medically necessary.