

Case Number:	CM15-0079465		
Date Assigned:	04/30/2015	Date of Injury:	12/11/2014
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 40 year old female, who sustained an industrial injury on 12/11/2014. She has reported subsequent back and lower extremity pain and was diagnosed with lumbosacral sprain/strain and radicular syndrome of the lumbar spine. Treatment to date was not documented although chiropractic therapy sessions were noted to have been authorized. In a progress note dated 03/31/2015, the injured worker complained of left knee and low back pain radiating to the left lower extremity. Objective findings were notable for limited and painful range of motion of the lumbar spine, positive Milgram's and Kemp's test and positive straight leg raise at 45 degrees with pain radiating to the left lower extremity. A request for authorization of 6 sessions of physical therapy of the left knee was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: 6 physical therapy sessions for the left knee are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this condition. The documentation does not reveal evidence of physical exam findings of the knee that would necessitate 6 supervised therapy visits for the knee. The request for 6 physical therapy sessions for the left knee is not medically necessary.