

Case Number:	CM14-0140094		
Date Assigned:	09/08/2014	Date of Injury:	07/20/2001
Decision Date:	09/23/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/29/2014

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 45 year old female who sustained an industrial injury on 7-20-01. Her initial complaints were of pin in her neck, back, left shoulder, both ankles, and left foot. Her injury was the result of being struck by a moving piece of equipment that was carrying large objects, which, ultimately, fell on top of her. The PR-2 dated 5-22-14 indicates that she presented for an orthopedic re-evaluation. She complained of anterior right knee pain, as well as low back pain. The report states that she "is yet to be authorized to undergo physical therapy for her knee". Her diagnoses include right knee anterior knee pain, patellofemoral pain syndrome, cervical myofascial pain, obesity, status-post left shoulder arthroscopy, herniated nucleus pulposus, L5-S1, with extruded disc herniation, psychological diagnosis, status-post left knee arthroscopy, and irritable bowel syndrome. The treatment recommendation was to request authorization for physical therapy for the right knee, as well as refill medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG Knee & Leg, Physical Medicine Treatment.

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 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 no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits. Furthermore, the request exceeds the 6-visit trial PT recommended by the CA MTUS and, unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy is not medically necessary.