

Case Number:	CM13-0028756		
Date Assigned:	11/01/2013	Date of Injury:	04/07/2007
Decision Date:	07/16/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who sustained an injury to his left knee on 04/07/07. The mechanism of injury was not documented. The clinical notes provided for review are handwritten and difficult to decipher. The records indicate that the injured worker has attended approximately twelve (12) visits of physical therapy. A recommendation for physical therapy three (3) times a week for four (4) weeks had been previously made.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS TO THE LEFT KNEE: 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) Knee and leg chapter, Physical medicine treatment.

Decision rationale: The medical records provided for review do not mention that a surgical intervention was performed. The Official Disability Guidelines recommend up to twelve (12) visits over eight (8) weeks for the diagnosed injury. The injured worker's date of injury is 04/07/07. There were no physical therapy notes provided for review that would indicate the

exact amount of physical therapy visits that the injured worker has completed to date or the injured worker's response to any previous conservative treatment. There was no additional significant objective clinical information provided that would support the need to exceed the guideline recommendations. Given the clinical documentation submitted for review, the medical necessity of the request for twelve (12) physical therapy sessions to the left knee has not been established.