

Case Number:	CM13-0032323		
Date Assigned:	12/11/2013	Date of Injury:	06/17/2009
Decision Date:	02/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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:

This injured worker's date of injury was 06/17/'09. This 65 year old patient's legs were contused by swinging doors. An MRI report on 09/05/12 shows the patient had bilateral knee replacements in good anatomic position and alignment. The claims adjuster has not provided pertinent recent medical records to evaluate the request for additional medical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee three (3) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

Decision rationale: The patient underwent surgery for bilateral knee replacements, but the time frame for this is not provided. The request for physical therapy cannot be evaluated due to a lack of recent medical records from the provider [REDACTED]. The guidelines call for a total of 24 visits over 4 weeks. The request for physical therapy is non-certified.