

Case Number:	CM13-0037379		
Date Assigned:	12/13/2013	Date of Injury:	07/19/2011
Decision Date:	02/03/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/23/2013

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:

The patient is a 29 year old male who reported injury on 07/19/2011 with the mechanism of injury being the patient twisted his knee while working. The patient was noted to have a right knee arthroscopy on 02/25/2013 and, per documentation, was noted to have participated in 20 sessions of physical therapy. The patient was noted to have right knee pain and it was noted that medications and the TENS treatment helped the patient with the pain. The patient's diagnoses were noted to be myofascial pain and knee pain. The request was made for physical therapy 2x4 for bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 bilateral knees: Upheld

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

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

Decision rationale: California MTUS postsurgical guidelines would not apply as the patient is greater than 10 months postoperative. California MTUS states that physical medicine with

passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had participated in 20 physical therapy sessions. Additionally, as per clinical documentation, the patient was noted to be continuing with a home exercise program and a TENS unit treatment. There was a lack of documentation including a thorough objective physical examination with findings indicative of the necessity for physical therapy. There was a lack of documentation of the patient's functional deficits. Given the above, the request for physical therapy 2x4 bilateral knees is not medically necessary.