

Case Number:	CM13-0046133		
Date Assigned:	12/27/2013	Date of Injury:	06/11/2013
Decision Date:	03/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery, and is licensed to practice in Michigan, Nebraska, and 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 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 38 -year-old male who reported an injury on 06/09/2013. The patient is currently diagnosed with left knee sprain and contusion. The patient was seen by [REDACTED] on 10/16/2013. The patient reported only temporary relief with physical therapy treatments. The patient reported ongoing pain and stiffness in the left knee. Physical examination revealed diffuse tenderness along the patellar tendon with 0 to 120 degrees range of motion. Treatment recommendations included an additional 6 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, six sessions, two per week times three weeks, to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Physical Therapy.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a

fading of treatment frequency plus active self directed home physical medicine. As per the documentation submitted, the patient has previously participated in a course of physical therapy despite ongoing treatment, the patient continued to report persistent sharp pain. There was no documentation of objective measureable improvement. It is also noted on 10/16/2013, the patient reported only temporary relief with physical therapy treatments. The patient's physical examination on the requesting date only revealed tenderness to palpation with 0 to 120 degree range of motion. Based on the clinical information received, the request is non-certified.