

Case Number:	CM13-0046630		
Date Assigned:	12/27/2013	Date of Injury:	08/14/2013
Decision Date:	04/24/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 41 year-old with a date of injury of 08/14/13. A progress report associated with the request for services, dated 10/11/13, identified subjective complaints of decreased pain in the medial aspect of the right knee. Objective findings included tenderness of the right knee with some medial collateral laxity. An MRI on 09/05/13 showed a tear of the right medial collateral ligament. Diagnoses included medial collateral ligament strain of the right knee. Treatment has included at least 13 physical therapy (PT) sessions in September and October of 2013. A Utilization Review determination was rendered on 11/04/13 recommending non-certification of "PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT KNEE". The RFA (Request For Authorization) is not included, but the non-certification for services lists an RFA date of 10-28-13 for a service request from 10/30/13 - 12/30/13. Therefore, this would be a request for additional PT (physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES A WEEK FOR FOUR WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), KNEES & LEG CHAPTER, PHYSICAL MEDICINE TREATMENT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) KNEES, PHYSICAL MEDICINE TREATMENT

Decision rationale: The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." The Official Disability Guidelines (ODG) states that for a sprains and strains of the knee, 12 visits over 8 weeks are recommended, and for arthritis and pain in the knee, 9 visits over 8 weeks. In this case, the patient has received more than 12 sessions of physical therapy of the knee. An additional 12 sessions are requested, which exceeds the recommendation of 12 visits. Therefore, the request for physical therapy three times a week for four weeks for the right knee is not medically necessary and appropriate.