

Case Number:	CM13-0047320		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2010
Decision Date:	03/11/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine and Rehabilitation 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 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 50-year-old female who reported a work-related injury on 03/12/2010 as the result of strain to the right knee. The clinical notes document the patient has utilized extensive supervised therapeutic interventions for her right knee pain complaints. The clinical note dated 09/10/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient reports her right knee has improved compared to last visit with therapeutic interventions. The patient utilizes Tylenol and Relafen for her pain complaints. Upon physical exam of the patient's right knee, normal range of motion, no swelling, no effusion, no ecchymosis, no deformity, no erythema, and normal alignment were noted. The provider documented no tenderness was reported throughout palpation of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 X 4 Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence of the patient presenting with significant objective findings of symptomatology to support continued supervised therapeutic interventions. At this point in her treatment, the patient should be utilizing an independent home exercise program for continued range of motion and increased motor strength. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. Given that the patient has utilized an extensive course of physical therapy status post her work-related injury and presents with no objective functional deficits upon physical exam, the request for physical therapy 3x4, right knee is neither medically necessary nor appropriate.