

Case Number:	CM13-0047348		
Date Assigned:	12/27/2013	Date of Injury:	10/27/1999
Decision Date:	04/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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 Physical Medicine & 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 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:

The patient is a 72-year-old female who reported injury on 10/27/1999. The mechanism of injury was not provided. The documentation of 09/23/2013 revealed the patient was receiving physical therapy 2 times a week. The examination of the left knee revealed the patient had 2+ effusion and 0 degrees to 115 degrees range of motion. There was mild joint line tenderness, mild patellar facet tenderness, and moderate to severe lower extremity atrophy. The discussion and plan included continued physical therapy, medications, and a home exercise program including stretching and strengthening. The patient's diagnosis was internal derangement of the knee.

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: 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): 98-99.

Decision rationale: California MTUS Guidelines recommend physical medicine with a treatment for myalgia and myositis of 9 to 10 visits. Clinical documentation submitted for review indicated the patient was currently undergoing physical therapy. There was lack of

documentation indicating the quantity of sessions the patient had attended and the functional benefit that was received from the therapy. The request as submitted failed to indicate the body part to be treated with the physical therapy. The request would exceed guideline recommendations. Given the above, the request for physical therapy 3 times a week for 4 weeks is not medically necessary.