

Case Number:	CM13-0047771		
Date Assigned:	12/27/2013	Date of Injury:	07/03/2013
Decision Date:	04/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation, 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 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 47-year-old who reported an injury on July 3, 2013 after he climbed onto a forklift; the patient reportedly sustained an injury to his right knee. The patient's treatment history included physical therapy, activity modifications, and medications. The patient's most recent clinical evaluation documented that the patient had continued 4/10 pain, and had a slow progression with treatment. The patient's diagnoses included a right knee contusion. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient's most recent diagnosis included closed fracture of the patella. The Chronic Pain Medical Treatment Guidelines recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation indicates that the patient has previously participated in a total of

eighteen physical therapy visits and should be well versed in a home exercise program. There are no barriers noted within the documentation to preclude further progress of the patient while participating in a home exercise program. Additionally, the request as it is written does not clearly define a duration of treatment or what body part would be appropriate for this physical therapy. The submitted request as it is written does not provide a duration of treatment or specifically identify the body part that the physical therapy is being recommended for. Therefore, the appropriateness of the request cannot be determined. The request for physical therapy is not medically necessary or appropriate.