

Case Number:	CM13-0048313		
Date Assigned:	07/16/2014	Date of Injury:	07/15/2013
Decision Date:	08/21/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/05/2013

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, has a subspecialty in Interventional Spine 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 27-year-old male with the date of injury of 07/15/2013. The patient presents with pain in his right knee. His pain is mainly underneath right kneecap and middle of right knee joint. He feels clicking or popping in his right knee when he bends his right knee more than 50 degrees. According to report on 10/17/2013, diagnostic impressions are right knee derangement and right patellar subluxation. The treater requested 12 visits of physical therapy for right knee. The utilization review determination being challenged is dated on 10/25/2013. The treater provided treatment reports from 07/15/2013 to 10/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Current Edition (web), Physical Medicine Guidelines.

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

Decision rationale: The patient presents with pain and weakness of his right knee and walks with a crutch. The request is for physical therapy 3 times a week for 4 weeks for his right knee. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. Review of the reports indicate that the patient has had physical therapy in the past but does not indicate specific numbers of treatments the patient has had or how the patient responded to treatments. The treater does not indicate why additional therapy is being requested at this time or what can be accomplished with additional therapy. Furthermore, the current request for 12 sessions exceeds what is recommended per MTUS guidelines. Recommendation is not medically necessary.