

Case Number:	CM13-0049242		
Date Assigned:	01/03/2014	Date of Injury:	02/07/2012
Decision Date:	03/31/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 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 68-year-old male with a date of injury of 02/07/2012. The listed diagnoses are "right knee chondromalacia and IT band syndrome." According to report dated 10/11/2013, this patient continues to have right knee and right hip pain. It is noted the patient is "doing well" with physical therapy, but since PT has stopped, she is getting worse. Examination of the right knee showed positive McMurray and effusion. It was noted that the patient had "catching, grinding, and pain." There was decreased range of motion. It is noted that this patient is status post right knee arthroscopy with partial meniscectomy dated 09/05/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of physical therapy for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with continued right knee pain. The treater is requesting additional 12 sessions of physical therapy for the right knee. For physical therapy

medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 visits over 8 weeks. Medical records indicate this patient received 8 physical therapy sessions dated from 07/15/2013 to 09/19/2013. The requested additional 12 sessions exceeds what is recommended by MTUS Guidelines. Recommendation is for denial.