

Case Number:	CM13-0054812		
Date Assigned:	12/30/2013	Date of Injury:	09/03/1999
Decision Date:	03/24/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

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 47-year-old female who reported a work-related injury on 9/3/99 after her left knee was struck by a gurney. The patient ultimately underwent surgical intervention. The patient developed worsening symptoms that were managed with medications. The patient's most recent physical evaluation documented that the patient had a positive left sided McMurray's test and mild laxity of the bilateral knees, and a bilateral positive patella grind test. The patient's diagnoses included pes anserinus tendonitis or bursitis, internal derangement of the knee, and patellar tendonitis. The patient's treatment plan was to continue medications, participate in a physical therapy program, and obtain an additional MRI to assess for cartilage tears, ligamentous damage and level of degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 12 physical therapy visits for the left knee: 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 Page(s): 98-99.

Decision rationale: The clinical documentation submitted for review indicates that the patient has had this injury for an extended period of time and has previously undergone physical therapy. The California MTUS recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Therefore, a short course of physical therapy to reeducate and reestablish a home exercise program would be indicated for this patient. However, the requested 12 visits would be considered excessive. As such, the requested physical therapy visits are not medically necessary or appropriate.