MAXIMUS Federal Services

Case Number:	CM13-0055507		
Date Assigned:	12/30/2013	Date of Injury:	08/25/2013
Decision Date:	03/31/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation and Pain Medicine, and is licensed to practice in Texas and Ohio. 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 50-year-old male who reported an injury on 08/25/2013. The patient mechanism of injury was not specifically stated. The patient is diagnosed with bilateral knee strain and bilateral knee osteoarthritis. The patient was seen by [redacted] on 11/12/2013. The patient reported no significant benefit following 6 sessions of physical therapy. Physical examination revealed tenderness to palpation in the medial joint lines and medial femoral condyles bilaterally, grinding and crepitus with range of motion, 0 degrees to 100 degrees range of motion, 5/5 motor strength, and intact sensation. Treatment recommendations included continuation of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Physical therapy 2xWk x 8Wks bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength,

endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has completed at least 12 sessions of physical therapy to date. Documentation of objective measurable improvement was not provided. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified