

Case Number:	CM13-0055702		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2013
Decision Date:	11/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 67 year-old female with the date of injury of 05/10/2013. The patient presents with pain in her right knee and right elbow from a falling injury. The patient reports having mild pain in her right knee and severe to excruciating pain in her right elbow. The patient rates her pain as 4-7/10 on the pain scale. There is severe tenderness along the proximal and posterior ulna. According to [REDACTED] report on 10/28/2013, diagnostic impressions are:1) S/P right knee ACL reconstruction with bone-patellar tendon-bone autograft and 80% partial menisectomy and 20% partial lateral menisectomy performed on 03/18/1998) Right knee contusion 3) Medial compartment osteoarthritis [REDACTED] requested 18 visits of physical therapy for her right knee and right elbow. The utilization review determination being challenged is dated on 11/05/2013. [REDACTED] is the requesting provider, and he provided treatment reports from 06/06/2013 to 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks for the right knee and right elbow:
Upheld

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

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 right knee and right elbow. The patient is s/p right knee ACL reconstruction on 03/18/1998. The request is for physical therapy 3 times a week for 6 weeks for the right knee and right elbow. [REDACTED] report on 12/13/2013 indicates that the patient has had physical therapy in the past, but the records do not contain therapy reports nor a progress report discussing this specific request. For non-post-surgical therapy treatments, MTUS guidelines recommend 9-10 sessions of therapy for myalgia, myositis, neuralgia, the type of condition this patient is suffering from. In this case, the treater does not explain why additional therapy is needed. There is no discussion regarding the patient's home exercise program; no discussion regarding the patient's treatment history; no discussion as to the patient's current functional level change that may warrant some therapy, etc. Furthermore, the current request for 18 sessions exceeds what is recommended per MTUS guidelines. The request is not medically necessary.