

Case Number:	CM13-0061243		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2009
Decision Date:	04/11/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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, has a subspecialty in Pediatric Rehabilitation Medicine 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 49 year old female who reported an injury on 06/10/2009. The mechanism of injury was not provided for review. The patient developed chronic left shoulder pain, low back pain, and right knee pain. The patient's treatment history included physical therapy for the right knee, medications, home exercise program, and activity modifications. The patient's most recent clinical documentation noted that the patient had decreased pain and improved strength and mobility as a result of the previous physical therapy. Physical findings included continued pain complaints, exacerbated by prolonged activities with tenderness to palpation over the medial joint line and patellar tendon. The patient's diagnoses included right knee with minimal sclerosis of the medial tibial plateau and type 2 signal of the posterior horn of the medial meniscus per MRI of 08/16/2010. The patient's treatment plan included continuation of physical therapy, a home exercise program, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physical therapy sessions for the right knee: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Physical Medicine

Decision rationale: The requested 12 additional physical therapy sessions for the right knee are not medically necessary or appropriate. The clinical documentation submitted for review notes that the patient has previously participated in 12 physical therapy visits for the right knee. Official Disability Guidelines recommend 9 visits of physical therapy for this type of injury. The clinical documentation submitted for review does indicate that the patient has remaining deficits that would benefit from continued treatment. Therefore, a short course of physical therapy would be appropriate to address remaining deficits and transition the patient into an effective home exercise program. The requested additional 12 visits, in combination with the previous 12 visits are well in excess of the guideline recommendation. The treating physician did not provide any exceptional factors to support extending treatment for 15 visits beyond guidelines recommendations. As such, the requested 12 additional physical therapy sessions for the right knee are not medically necessary or appropriate.