

Case Number:	CM13-0062106		
Date Assigned:	01/17/2014	Date of Injury:	08/08/2013
Decision Date:	04/25/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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 Occupational Medicine 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 applicant is a represented employee who has filed a claim for knee pain associated with an industrial injury of August 8, 2013. Thus far, the applicant has been treated with the following: analgesic medications; work restrictions; a knee support; and a knee brace. A November 18, 2013, progress note is notable for comments that the applicant has persistent knee pain with associated locking, and clicking. The applicant is having difficulty kneeling and squatting. The applicant is on modified duty work. The applicant was apparently unable to obtain an MRI owing to issues with metallic tattooing of the eyebrows. Norco was renewed in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

. PHYSICAL THERAPY FOR THE LEFT KNEE (2 TIMES PER WEEK FOR 6 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that there must be an interval demonstration of functional improvement at various milestones in the treatment

program, so as to justify continued treatment. In this case, the applicant had had unspecified amounts of physical therapy before the 12 sessions of treatment were sought. The applicant has failed to make appropriate progression with prior physical therapy in terms of the functional improvement parameters established by the guidelines. Therefore, the request for 12 sessions of physical therapy is not medically necessary at this time.