

Case Number:	CM13-0072337		
Date Assigned:	01/08/2014	Date of Injury:	10/20/2009
Decision Date:	06/16/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 and is licensed to practice in Minnesota. 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 injured worker is a 35-year-old male who reported injury on 10/20/2009. The mechanism of injury was not provided. The documentation of 11/06/2013 revealed the injured worker was to undergo Synvisc injections and as such, the request was made for physical therapy 2 times a week for 4 weeks. The diagnoses included right knee rule out mensical tear, left knee myoligamentous injury, lumbar spine herniated nucleus pulposus and shoulder myoligamentous injury. The treatment plan included followup for Synvisc injections and physical therapy for the left knee 2 times a week for 4 weeks in conjunction with the Synvisc injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY TO THE LEFT KNEE, 2 TIMES A WEEK FOR 4 WEEKS AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter, Chapter 13 Knee Complaints.

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that physical medicine treatment is recommended for short term pain relief during the early phases of pain treatment.

The Official Disability Guidelines indicate post injection treatment is 1 to 2 visits over 1 week. The request for 8 visits would be excessive. Given the above, the request for physical therapy to the left knee 2 times a week for 4 weeks as an outpatient is not medically necessary and appropriate.