

Case Number:	CM14-0000006		
Date Assigned:	01/10/2014	Date of Injury:	03/10/2013
Decision Date:	04/22/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 Family Practice, has a subspecialty in Pain Management 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 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:

43 year old male beneficiary sustained a work injury in 3/13/13 resulting in right knee pain. He was found to have an osteochondral defect and chondromalacia. He had failed several months of conservative therapy (including physical therapy) and subsequently required a knee arthroscopy and debridement. He used oral analgesics for pain relief. An examination note on 12/4/13 indicated limited range of motion of the right knee and tenderness over the joint line. He was recommended to continue stretching the knee, use a brace and resume additional physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TIMES 8 FOR THE RIGHT KNEE: Upheld

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

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

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, physical medicine, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified 9-10 visits over

8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had therapy for initially after the injury for several weeks and after surgery. The claimant is also able to do home exercises. Additional physical therapy exceeds the amount of fading treatment recommended by the guidelines and is not medically necessary.