

Case Number:	CM14-0000646		
Date Assigned:	01/10/2014	Date of Injury:	07/31/2012
Decision Date:	04/22/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Practice 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 49 yr. old female who sustained a traumatic work injury on 7/31/12 involving the bilateral knees. She had developed recurrent prepatellar bursitis of the left knee due to a laceration and had multiple surgeries on 11/9/12, 9/7/12 and 3/29/13. She had undergone physical therapy in early 2013 to improve range of motion and weight bearing activities. An exam note on 11/12/13 indicated she had continued 5/10 left leg pain. She had over 20 therapy visits by then and had been 7 months post-operative. Due to continued pain with walking and reduced range of motion, the treating physician requested an additional 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR SIX WEEKS: 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 Section Page(s): 98-99.

Decision rationale: In this case, the claimant had already completed a significant amount of therapy. Additional therapy can be done on a home-based program. The request for an addition 12 visits of therapy is not medically necessary.