

Case Number:	CM14-0004542		
Date Assigned:	02/05/2014	Date of Injury:	05/15/2013
Decision Date:	06/20/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 45 year old female who was a server at a Mexican restaurant when she sustained a slip and fall injury at work on May 13, 2013. She continues to have neck pain, right shoulder pain, left wrist pain, mild low back pain and severe left knee pain. There is a request for the medical necessity of continued therapy three times a week for two weeks for the left knee. Her diagnoses includes a left knee contusion. There is a 1/7/14 primary treating orthopedic physician handwritten progress report that states that the patient underwent about 8 sessions of PT and felt the therapy to be helpful. The pain is mostly anterior and is less painful over time. The physical exam revealed full range of motion but patient tearful. (Several illegible words.) The patient is neurovascularly intact. The treatment includes Mobic. There is no indication for surgery. The patient is to go to physical therapy 3x 2 left knees and have work modifications. Per documentation patient had 12 physical therapy sessions authorized for her left knee and attended 11.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY (3) TIMES A WEEK FOR (2) WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , PHYSICAL THERAPY,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99

Decision rationale: Continued therapy three times a week for two weeks for the left knee is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The Chronic Pain Treatment Guidelines recommend up to 10 visits for this condition. The patient has already had 12 visits authorized. There are no extenuating reasons to continue therapy. The patient should be participating in a self directed home exercise program. The request for continued therapy three times a week for two weeks for the left knee is not medically necessary.