

Case Number:	CM14-0008664		
Date Assigned:	02/12/2014	Date of Injury:	05/13/2009
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and Orthopedic Sports Medicine and is licensed to practice in Texas. 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 41-year-old female who sustained injuries to her bilateral knees on May 13, 2009. The mechanism of injury was not documented. The clinical note dated January 29, 2013 reported subjectively that the injured worker's right knee is beginning to hurt constantly. She reported that it was hurting before, but it is now becoming excruciating and has elevated the Norco that she takes from 1 to 3 per day. She is also utilizing Naprosyn and bilateral braces, which helped with the pain over all. Activities of daily living are becoming increasingly difficult. Physical examination noted antalgic gait favoring the right; range of motion 0 to 150° right and 0 to 120° left; severe patellofemoral crepitus is noted with pain upon compression; mild apprehension noted; medial and lateral joint lines non-ligamentous and stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY, ONCE A WEEK FOR SIX WEEKS, FOR THE RIGHT KNEE,: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg chapter, Physical medicine treatment

Decision rationale: The request for additional physical therapy once a week for six weeks, for the right knee, is not medically necessary. The previous request was denied on the basis that there was no documentation of a current medical progress report from the requesting physician describing compelling rationale for treatment and duration outside the Official Disability Guidelines (ODG) recommendation for physical therapy. Given that the patient remains beyond the postsurgical physical medicine and has already exceeded guideline recommendations for treatment, medical necessity has not been deemed necessary. Given the clinical documentation submitted for review, medical necessity of the request for additional physical therapy once weekly for the right knee six visits has not been established. Therefore, the request is not medically necessary.