

Case Number:	CM14-0009957		
Date Assigned:	02/21/2014	Date of Injury:	05/30/2010
Decision Date:	06/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 38 year old with an injury date on 5/30/10. Based on the 12/23/13 progress report provided by [REDACTED] the diagnoses are: 1. right knee contusion 2. right knee strain 3. right knee degenerative joint disease Exam on 12/23/13 showed patient is "actively moving right lower extremity. Active flexion and extension of right knee is full. Patient reports pain on end range. Right lateral knee palpation is slightly tender. No palpable mass. No swelling. Right lower extremity muscle strength is 5/5. Intact right lower extremity sensation." [REDACTED] is requesting physical therapy once per week for 4 weeks for right knee. The utilization review determination being challenged is dated 1/15/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/17/13 to 12/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY ONCE PER WEEK FOR 4 WEEKS FOR RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS Page(s): 98,99.

Decision rationale: This patient presents with slowly improving right knee, pain rated 6/10. The treating physician has asked physical therapy once per week for 4 weeks for right knee but no RFA is included in provided reports. On 12/23/13, treating physician states physical therapy is improving symptoms, and patient has begun home exercise regimen, but still wants additional sessions for intermittent pain and swelling of knee. 1/14/14 report shows patient has undergone 24 sessions of physical therapy between 9/5/13 and 1/14/14. MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, patient has shown functional improvement but transition to home exercise program has taken place. Requested 4 sessions of additional physical therapy exceed MTUS guidelines. The request is not medically necessary and appropriate.