

Case Number:	CM14-0102437		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2007
Decision Date:	10/15/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/02/2014

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 Physical Medicine and Rehabilitation 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:

This is a 56-year-old gentleman with a date of injury of 8/02/07. Mechanism of injury is not disclosed in the submitted medical records, however, the patient is noted to be permanent and stationary for this knee injury. Patient has diagnoses of DJD, meniscus tear and ankle sprain/strain. He presented in follow-up in January of 2014 with a flare of symptoms after pushing 700 pounds of sheet metal. It appears that the initial treatment measure was for Hyalgan injections. In April of 2014, request for PT 2 x 4 was made and the 4th Hyalgan injection was given. This was submitted to Utilization Review with a recommendation for non-certification provided on 6/10/14. The rationale of the UR advisor was that as the injury was so long ago, there was no clear indication that the patient could not address the symptoms with a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Physical Therapy 2 Times a Week Times 4 Weeks to the Right Knee:

Overtaken

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Physical medicine treatment

Decision rationale: Guidelines generally recommend 9-12 sessions of PT for this type of injury. This patient is Permanent and Stationary, and had a flare of knee symptoms after pushing 700 pounds of sheet metal at work. The patient underwent a series of 5 Hyalgan injections, and when nearing completion of the series PT 2 x 4 was recommended. This was not certified in UR with a rationale that the patient should be able to address symptoms with a HEP for this injury from 2007. I disagree with the UR advisor and do think that a short course of PT for an acute flare-up is appropriate. In this case, the patient also underwent injection procedures. PT 2 x 4 for the right knee is medically necessary.