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| Case Number: | CM14-0011134 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/25/2012 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/27/2014 |

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 is licensed to practice in Mississippi. 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 claimant is a 43-year-old female who was injured on August 25, 2012. The mechanism of injury is not specified. Diagnoses include left knee sprain/strain. The clinic note from November 7, 2013 documents para patellar tenderness on the left side and a limp while walking. The utilization review in question was rendered on January 9, 2014. The reviewer noncertified the request for twelve physical therapy visits for the left knee. The reviewer indicates that a previous clinical document dated November 7, 2013 indicates that "she has failed response to conservative treatment." The reviewer notes that previous physical therapy was administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X 12 VISITS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Knee & Leg (Acute & Chronic)

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support the use of Physical Therapy for the management of chronic knee pain. Based

on clinical documentation provided, the claimant has the diagnosis of chronic sprain/strain. Additionally, the clinician indicates that the claimant has "failed conservative treatment." However, this request exceeds the CAMTUS recommendation of ten visits. As such, the request is considered not medically necessary.