

Case Number:	CM14-0016461		
Date Assigned:	04/11/2014	Date of Injury:	05/20/2012
Decision Date:	05/28/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Sports Medicine and is licensed to practice in New York and 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 57-year-old female who reported an injury on 05/20/2012, secondary to a fall. The injured worker reported constant pain in the right knee. Physical examination of the right knee revealed tenderness to palpation over the medial joint line, positive McMurray's and Clark's testing, 1+ wasting of the quadriceps muscle, and 0 to 120 degree range of motion. Current diagnoses include traumatic musculoligamentous strain of the lumbar spine with myofasciitis and right knee internal derangement. Treatment recommendations at that time included a right knee arthroscopic surgery with partial meniscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSIOTHERAPY FOR THE RIGHT KNEE, THREE TIMES A WEEK FOR FOUR WEEKS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility,

strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for fading of treatment frequency, plus active, self-directed home physical medicine. Treatment for myalgia and myositis unspecified includes 9 to 10 visits over 8 weeks. The current request for 12 sessions of physical therapy for the right knee exceeds guideline recommendations. There is also no documentation of a previous course of physical therapy that would warrant the need for additional treatment. The request for additional physiotherapy for the right knee, three times a week for four weeks is not medically necessary and appropriate.