

Case Number:	CM14-0018404		
Date Assigned:	04/18/2014	Date of Injury:	04/01/2008
Decision Date:	06/30/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 Illinois. 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 69 year old female who reported an injury on 04/01/2008 secondary to unknown mechanism of injury. The diagnoses are bilateral knee pain and status post bilateral knee surgery. The injured worker was evaluated on 01/14/2014 for reports of bilateral knee pain. The exam noted severe tenderness to knees bilaterally. The treatment plan indicated physical therapy and an orthopedic consult. The request for authorization is not present.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL KNEES, 2 TIMES A WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99.

Decision rationale: The request for physical therapy for the bilateral knees, 2 times a week for 4 weeks is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines state active physical therapies are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is a lack of objective evidence in the

documentation provided indicating a functional deficit. There is also a lack of evidence of exhaustion of conservative treatments such as NSAIDs for the new onset of symptoms. The injured worker also recently completed a series of physical therapy after knee surgery and should be able to carry out a home exercise program. Based on the documentation provided, the request is not medically necessary.