

Case Number:	CM14-0018845		
Date Assigned:	04/18/2014	Date of Injury:	01/15/2004
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
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 54-year-old female who reported an injury on 01/15/2004. The mechanism of injury was not provided in the clinical documentation. There is no documentation related to right knee pain provided with the clinical documentation. Per the previous denial letter dated 01/31/2014, the injured worker reported pain at 7/10 to the right knee with locking sensation. A knee brace is employed and a home exercise protocol is being pursued. Opioid medications are being utilized three (3) times a day for pain. An MRI of unknown date was reported to show a medial meniscus tear to the right knee as well as chondral thinning of the tibial plateau. There is no clinical documentation to support these statements provided with the clinical documentation. The request for authorization for medical treatment was not provided with the clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE RIGHT KNEE TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

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

Decision rationale: The Chronic Pain Guidelines recommend up to ten (10) sessions of physical therapy for injured workers with functional deficits. The guidelines state that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is a lack of documentation regarding the reported torn right medial meniscus. There is a lack of documentation regarding objective or subjective data regarding previous physical therapy sessions or the efficacy of any treatments. The documentation provided fails to demonstrate functional deficits in the right knee to support physical therapy at this time. Therefore, the request is not medically necessary.