

Case Number:	CM14-0110262		
Date Assigned:	08/01/2014	Date of Injury:	07/24/2013
Decision Date:	09/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

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 Interventional Spine 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:

The patient is a 43 year-old female with the date of injury of 07/24/2013. The patient presents with pain in her left knee, rating her pain as 2-4/10 on the pain scale, depending on her activities. She is able to return to work with no squatting restriction. According to [REDACTED] report on 04/14/2014, diagnostic impressions are patella truck of the left knee, and internal derangement of the left knee. [REDACTED] requested 8 visits of physical therapy for left knee. The utilization review determination being challenged is dated on 06/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/14/2014 to 06/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of Physical Therapy for the Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation.

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

Decision rationale: The patient presents with pain and swelling in her left knee. The patient is able to stand with a normal weight bearing stance. The request is for 8 visits of physical therapy for her left knee. [REDACTED] 03/21/2014 report indicates that the patient has had 6 visits of physical therapy in the past. The provider does not indicate why additional therapy is being requested at this time. There are no therapy reports provided for this review. MTUS guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. Review of the reports does not show a recent history of therapy treatments and the provider does not discuss treatment history either to understand how the patient may benefit from a repeat treatment. Furthermore, the current 8 sessions combined 6 already received would exceed what is recommended per MTUS guidelines. Therefore, this request is not medically necessary.