

Case Number:	CM14-0113183		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2006
Decision Date:	10/20/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 51 year old male with an injury date on 03/15/2006. Based on the 06/03/2014 progress report provided by [REDACTED], the patient complains of right knee pain. The patient claims to have painful clicking and crepitus when going up and down the stairs and pivoting. The pain aggravates with kneeling or squatting. The diagnoses include the following: 1. Right patella subluxation; 2. Chondromalacia of patella; 3. Degenerative joint disease. [REDACTED] is requesting for physical therapy two times a week times two week for the right knee. The utilization review determination being challenged is dated 06/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/19/2014 to 06/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (2 times a week for 6-weeks for the right knee): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

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

Decision rationale: According to the 06/03/2014 report by [REDACTED], this patient presents with right knee pain. The treating physician is requesting for physical therapy two times a week for six weeks for the right knee. The original request appears to have been for 12 sessions which were modified by utilization review letter 6/20/14 to 4 sessions. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended over 4 weeks. Review of the reports show no recent therapy treatments. The treating physician does not explain the reason for therapy. There is no discussion of treatment history and how effective therapy has been in the past. There is no documentation of a flare-up. The patient has been authorized for 4 sessions which appear reasonable. Additional 4-8 sessions does not appear reasonable given the treating physician's lack of documentation of the patient's progress or treatment history. MTUS allows up to 10 sessions for the kind of condition this patient suffers from. Recommendation is that the request is not medically necessary.