

Case Number:	CM14-0122303		
Date Assigned:	08/06/2014	Date of Injury:	01/09/2014
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 Nevada. 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 48-year-old individual was reportedly injured on 1/9/2014. The mechanism of injury was noted as a slip and fall. The most recent progress note dated 7/7/2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated bilateral knees with positive medial joint line tenderness. Negative balance and negative McMurray's test. Full range of motion. Slight popliteal fullness bilaterally. Mild patellofemoral joint tenderness bilaterally. No recent diagnostic studies are available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request was made for physical therapy 2-3 times a week for 4-6 weeks and was denied in the pre-authorization process on 7/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2-3x4- 6weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Page(s): 99.

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

Decision rationale: American College of Occupational and Environmental Medicine guidelines support the use of physical therapy for rehabilitation purposes. It states except in cases of significant injury, patients with knee problems can be advised to do early straight-leg raising and active range-of-motion exercises, especially bicycling, as tolerated. The emphasis is on closed-chain exercises and muscle re-training. Instruction in proper exercise technique is important and a few visits to a physical therapist can serve to educate the patient about an effective exercise program. After review of the medical documentation provided, it is noted the injured worker has had several sessions of physical therapy. There are no significant deficits on physical exam. Therefore, additional requests for physical therapy are not medically necessary and appropriate.