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| Case Number: | CM14-0125133 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 11/04/2010 |
| Decision Date: | 10/01/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 08/07/2014 |

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 53 year old female who sustained a work injury on 11-4-10. On this date the claimant twisted her lower extremity when she stepped off a curb. The claimant is status post left ankle reconstruction and debridement. The claimant had an MRI of the right knee on 3-26-14 showed osteoarthritis, degenerative radial apical tear, mild medial bursitis and minimal amount of fluid. The claimant has been treated with medications, physical therapy and steroid injections. Office visit on 1-14-14 notes the claimant was 8 months status post left ankle reconstruction and debridement. The claimant was participating in a home exercise program. She had seen an ortho specialist who provided a diagnosis of right and left chondromalacia patella.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy sessions for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines - Physical Medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter physical therapy

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Medical Records reflect the claimant is performing a home exercise program. There is an absence in documentation noting that this claimant cannot continue performing a home exercise program. There are no extenuating circumstances to support physical therapy at this juncture, so far removed from the compensable injury. Therefore, the medical necessity of this request is not established.