

Case Number:	CM14-0125470		
Date Assigned:	08/11/2014	Date of Injury:	03/24/2014
Decision Date:	10/01/2014	UR Denial Date:	07/29/2014
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 Occupational Medicine 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 38-year-old female who has submitted a claim for sprain of knee and leg associated with an industrial injury date of March 24, 2014. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the right knee and hip that was improved by rest and medication and worsened by prolonged walking and standing. Examination revealed right knee ROM of 0-130 degrees, positive tenderness over the medial femoral condyle at the attachment of the medial collateral ligament and at the medial joint line, positive patellofemoral crepitus, positive peripatellar tenderness, positive quadriceps atrophy and negative Lachman's test. Sensation was intact in the right lower extremity. Deep tendon reflexes were intact. Motor strength was normal except for the right quadriceps which was 4/5. MRI of the knee revealed degenerative changes of the meniscus and chondral thinning. Treatment to date has included medications, work restrictions, home exercise and 6 visits of physical therapy. Utilization review from July 29, 2014 denied the request for Physical Therapy 2x4 because the numbers of sessions exceed that recommended by the guidelines, prior therapy sessions failed to provide documented benefit and a home exercise program was already in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Sprains and Strains. Physical Medicine

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The ODG states that the recommended number of physical therapy visits for knee sprains and strains is 12 visits over 8 weeks. This patient had 6 visits of physical therapy already. The requested 8 additional visits would put this patient beyond treatment guidelines. There was no explicit rationale given to justify visits in excess. Moreover, there was no documented benefit in terms of improvement in symptoms and function. The request is also incomplete as the body part was not mentioned. Therefore, the request for Physical Therapy 2x4 is not medically necessary.