

Case Number:	CM14-0126285		
Date Assigned:	09/24/2014	Date of Injury:	05/24/2013
Decision Date:	10/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 23 years old female with an injury date on 05/24/2013. Based on the 06/11/2014 progress report, the diagnoses are: 1. Internal derangement, right knee. 2. Status post contusion, right proximal tibia with hematoma. 3. Bilateral plantar fasciitis (not accepted body part). According to this report, the patient complains of "persistent flare-ups about her right knee." Pain is rated as a 3/10. The patient states "right knee pain has been exacerbated with prolonged standing/walking activities." Physical exam of the right knee reveals tenderness over the medial joint line and decreased range of motion. The 03/06/2014 and 04/16/2014 reports also mentions patient complains of "persistent flare-ups about her right knee." There were no other significant findings noted on this report. The utilization review denied the request on 07/10/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times 4 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338, Chronic Pain Treatment Guidelines Physical Medicine Page(s): Pages 98-99.

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

Decision rationale: According to the 06/11/2014 report, this patient presents with persistent flare-ups about her right knee. The treater is requesting 8 sessions of physical therapy for the right knee. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show that the patient has completed 8 sessions of physical therapy from 03/05/2014 to 04/14/2014 with "good progress." In this case, there are no discussions regarding what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. Given, the patient has had 8 sessions recently, the requested 8 additional sessions exceed what is recommended by MTUS for this kind of condition.