

Case Number:	CM14-0128570		
Date Assigned:	08/15/2014	Date of Injury:	11/30/2010
Decision Date:	10/24/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/12/2014

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 Illinois. 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 female who reported an injury on 11/30/2010. The mechanism of injury, surgical history, prior therapies, and medications were not provided. The injured worker underwent an MRI of the thoracic spine. The documentation of 04/28/2014 revealed the injured worker had bilateral knee pain. The physical examination of the bilateral knees revealed tenderness along the medial joint line of the bilateral knees. The injured worker had a positive bilateral McMurray's test. The diagnoses included bilateral knee medial compartment arthritis. The treatment plan included physical therapy 2 times a week x6 weeks, an MRI of the cervical spine, and an NCS nerve conduction study of the bilateral upper and lower extremities. There was no Request for Authorization or rationale submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 6 wks for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg

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

Decision rationale: The California MTUS Guidelines recommend physical medicine for myalgia and myositis for up to 10 visits maximum. There was a lack of documentation indicating the prior therapies as the injury was reported in 2010. There was a lack of documentation indicating objective findings to support a necessity for physical therapy. The objective functional deficits and rationale were not provided. Given the above, the request for physical therapy 2 x 6 wks for left knee is not medically necessary.