

Case Number:	CM14-0147867		
Date Assigned:	09/15/2014	Date of Injury:	04/25/2014
Decision Date:	11/04/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 injured worker is a 56-year-old male who sustained work-related injuries on April 25, 2014. According to records dated May 27, 2014, the injured worker was noted to have right knee pain and was starting to get left knee discomfort. On examination, crepitus was noted with no obvious laxity. Per records dated June 5, 2014 which notes that on March 26, 2010 a magnetic resonance imaging of the right knee showed remnant tear of medial meniscus and partial meniscectomy. On July 8, 2014, the injured worker returned for a follow-up and reported that he has continued pain with no change. Tenderness was noted over the anterior medial knee with no laxity and quads atrophy. Most recent records dated September 9, 2014 documents that the injured worker reported continued improvement with physical therapy but right knee examination findings remained unchanged. He is diagnosed with right knee strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the Right Knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Physical medicine treatment

Decision rationale: Evidence-based guidelines indicate that a trial of six physical therapy sessions are initially warranted and in order to request for additional sessions, there should be documentation of significant decrease in pain levels and significant increase in functional improvement during the trial period. In this case, the injured worker presented on July 8, 2014 and reported that he continued to have unchanged pain in the right knee and there have been no document significant changes. Moreover, most recent records dated September 9, 2014 note that the injured worker reported improvements with physical therapy; however, there were no significant changes with his objective findings. There is also an absence of quantity pain measurements scores which could be used to quantify or validate the reported improvements in pain levels. Therefore, the medical necessity of the requested physical therapy to the right knee is not established, and the request is not considered medically necessary.