

Case Number:	CM14-0152086		
Date Assigned:	09/22/2014	Date of Injury:	04/15/2014
Decision Date:	10/21/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 injured worker is a 39-year-old female with a date of injury of 04/15/2014. The listed diagnoses per [REDACTED] are: 1. Bilateral knee sprain. 2. Bilateral knee synovitis. 3. Chondromalacia patella, bilateral. According to progress report 06/18/2014, the injured worker presents with bilateral knee pain. Injured worker reports that her left knee is more painful and state that it "feels warm at times and the pain comes and goes." Examination revealed mild tenderness on the medial joint line. Palpation of the patella, with pressure, created pain at the bilateral knees. X-rays of the bilateral knees were within normal limits. MRI of the left knee from 06/11/2014 revealed small joint effusion with a small popliteal cyst. The treating physician recommends continuation of physical therapy, as the injured worker is not a surgical candidate at this time. Utilization review denied the request on 08/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2X3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-Term Opioid use Page(s): 88-89.

Decision rationale: This injured worker presents with continued bilateral knee pain. The treating physician is requesting additional physical therapy 2 times a week for 3 weeks. For physical medicine, the MTUS guidelines, pages 98 and 99, recommends, for myositis and myalgia type symptoms, 9 to 10 sessions over 8 weeks. Review of the medical file indicates injured worker was recommended "additional course of physical therapy 3 times a week for 2 weeks" on 05/20/2014. Physical therapy reports were not provided for review. In this case, the treating physician's request for additional 6 sessions with the 6 already received exceeds what is recommended by MTUS. Furthermore, the treating physician does not provide a discussion as to why the injured worker would not be able to transition into a self-directed home exercise program. The request for Physical Therapy 2X3 is not medically necessary.