

Case Number:	CM14-0157217		
Date Assigned:	09/30/2014	Date of Injury:	06/11/2011
Decision Date:	10/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 44-year-old female with a date of injury of 06/11/2001. The listed diagnoses per [REDACTED] are: 1. Derangement of knee. 2. Low back pain. 3. Knee pain. 4. Degeneration of lumbar intervertebral disk. 5. Psychophysiologic disorder. According to progress report 08/23/2014, the patient presents with continued right knee pain. Examination revealed joint swelling of the right knee with stiffness and tenderness noted. Lower extremity weakness was noted in the right. The request for authorization from 08/26/2014 requests "Six sessions of physical therapy 2x3 weeks." Utilization review denied the request on 09/08/2014. Treatment reports from 4/4/14-8-23-14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x/wk x3wks - Right Knee: Upheld

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

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

Decision rationale: For physical medicine, the MTUS guidelines recommend for myalgia and myositis-type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review does not include physical therapy treatment reports. The progress report dated 05/22/2014 indicates the patient has undergone 24 sessions of physical therapy for her right knee. In this case, the patient has had 24 physical therapy sessions to date, without documented functional improvement or any discussion regarding progression or lack of progression towards goals. Furthermore, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. As such, the request is not medically necessary.