

Case Number:	CM14-0158978		
Date Assigned:	10/02/2014	Date of Injury:	09/02/2014
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 46-year-old female with a date of injury of 09/02/2014. The listed diagnoses per [REDACTED] are 1. Knee contusion, bilateral. 2. Right wrist pain. 3. Sprain/strain knee/leg other SPC sites, bilateral. The medical file provided for review includes two progress reports, which are both dated after the utilization review. According to progress, report 09/19/2014, the patient presents with bilateral knee pain with decreased range of motion and moderate tenderness of the lateral joint line and medial joint line bilaterally. There is positive McMurray's test and guarding during exam. Progress report 09/26/2014 indicates the patient has 8/10 pain in the right leg and left knee with activity and movement. It was noted, "patient stopped physical therapy as she had too much pain during therapy." Examination revealed pain with flexion and extension in the bilateral knee. There was tenderness over the medial joint line on the right and positive McMurray's bilaterally. The treater recommends patient "restart physical therapy and see how she does." This is a request for 6 physical therapy sessions for the left knee. Utilization review denied the request on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Initial Physical Therapy Visits for the Left Knee, 3 times a week for 2 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with continued bilateral knee pain. The treater is requesting 6 Physical Therapy sessions 3 times a week for 2 weeks. For Physical Medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia- and myositis-type symptoms 9 to 10 sessions over 8 weeks. The medical file provided for review includes two progress reports dated after the utilization review. It is unclear as to how many sessions the patient has participated in thus far. In this case, it does not appear that the patient has received a full course of physical therapy as treatment was stopped due to pain. Given the patient's continued pain and decrease in range of motion, 6 sessions may be warranted. Recommendation is for approval.