

Case Number:	CM14-0165186		
Date Assigned:	10/17/2014	Date of Injury:	07/16/2014
Decision Date:	11/18/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine 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:

This patient is a 59 y/o male who injured his knee on 7/18/14. He has been diagnosed with a patella subluxation vs. a patella micro fracture. Treatment has consisted of bracing and he has completed 15 sessions of physical therapy. Rehabilitation was successful with good ROM, no tenderness and no swelling. An additional 12 sessions of therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee and left wrist, QTY: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee and Leg (Acute and Chronic), Physical Medicine Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee

Decision rationale: MTUS Guidelines do not specify what are considered adequate therapy for the various knee injuries. ODG Guidelines address this specifically and recommend a decreasing frequency during the physical therapy provided. For this patient's diagnosis up to 9-10 sessions of hands on therapy are considered adequate. This patient has completed 15 sessions and there

are no unusual circumstances to justify an exception to Guidelines with another 12 sessions of hands on therapy. The request for 12 additional sessions of physical therapy is not medically necessary.