

Case Number:	CM14-0167046		
Date Assigned:	10/14/2014	Date of Injury:	06/04/2013
Decision Date:	11/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/10/2014

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 patient is a 40 year old male who was injured on 06/04/2013. The mechanism of injury is unknown. Prior treatment history has included 22 sessions of physical therapy. The patient has a diagnosis of right knee osteoarthritis and was seen on 06/17/2014 with a range of motion from 0-140 degrees of flexion. He was recommended to continue with physical therapy and strengthening. Plan is to continue physical therapy (PT). Prior utilization review dated 9/12/2014 states the request for Physical Medicine procedure is denied as there are no documented indications for further therapy. The request is for 12 sessions of PT 2 times weekly for 6 weeks. The patient is status post (s/p) removal of loose bodies and chondroplasty on 3/19/14. The patient has attended 22 PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy 2 times weekly for 6 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: According to guidelines, the amount of postsurgical treatment is 12 visits over 12 weeks for loose body in knee, chondromalacia of patella. The patient has attended 22

sessions of PT already. The medical necessity of 12 sessions of physical therapy 2 times weekly for 6 weeks for the right knee is not established.