

Case Number:	CM14-0172672		
Date Assigned:	10/23/2014	Date of Injury:	05/10/2014
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 Orthopedic Surgeon and is licensed to practice in Maryland, Washington, and Hawaii. 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 47-year-old male who reported an injury on 05/10/2014. The mechanism of injury was not provided. The injured worker's diagnoses included internal derangement of the knee and sprain/strain of the knee. The injured worker's past treatments include medications, physical therapy, and surgery. On the clinical note dated 10/31/2014, the injured worker complained of stiffness in the knee. The injured worker had range of motion with extension to 85% and painful and reduced tenderness to palpation over the surgery site. The injured worker's medications included naproxen 550 mg (frequency not provided). The request was for physical therapy 3 times a week for 4 weeks to the left knee. The rationale for the request was not provided. The Request for Authorization form was submitted for review on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times A Week for 4 Weeks to The Left Knee: Upheld

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

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

Decision rationale: The request for physical therapy 3 times a week for 4 weeks to the left knee is not medically necessary. The injured worker is diagnosed with internal derangement and

sprain/strain of the knee. California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity beneficial are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines recommend 9 to 10 visits over 8 weeks. The medical records indicate the injured worker has attended 14 visits of physical therapy. The medical records indicate the injured worker is only able to straighten the knee 85%. The request is for 12 sessions of physical therapy, which exceeds the guideline's recommendation of 9 to 10 visits. As such, the request for physical therapy 3 times a week for 4 weeks to the left knee is not medically necessary.