

Case Number:	CM14-0192154		
Date Assigned:	11/25/2014	Date of Injury:	06/01/2013
Decision Date:	01/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/17/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 53-year-old female who reported an injury on 06/01/2013. Her diagnoses include internal derangement of the knee, radiostyloid tenosynovitis, carpal tunnel syndrome, and lumbar sprain/strain. Her past treatments include a knee brace, medications, and physical therapy. On 11/03/2014, the injured worker had a follow-up appointment. The injured worker complained of significant right knee pain with weakness and instability. The physical examination of the right knee revealed medial aspect of the knee is tender to palpation with a positive McMurray's test. The case notes indicated the injured worker to have completed 25 physical therapy visits. Her medications include tramadol 50. The treatment plan included physical therapy 3 times a week times 4 weeks for the right knee since progress has been shown. A Request for Authorization form was received on 11/03/2014 for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3XWK X 4WKS FOR RT KNEE: Upheld

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

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

Decision rationale: The request for Physical Therapy 3X week x 4weeks for Right knee is not medically necessary. According to the California MTUS Guidelines, physical medicine is indicated as an active therapy, which is used for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Physical therapy for neuralgia, neuritis, and radiculitis would be allotted 8 to 10 physical therapy visits. The documentation indicated the injured worker to have an internal derangement of the knee. The documentation also noted the injured worker to have completed 25 physical therapy visits. However, there was lack of documentation indicating objective functional gains or remaining functional deficits from the previous physical therapy sessions. In the absence of the required documentation to determine exceptional factors for additional physical therapy visits, the request is not supported by the evidence based guidelines. Furthermore, the request exceeds the allotted number of physical therapy visits suggested by the guidelines. As such, the request is not medically necessary.