MAXIMUS Federal Services

Case Number:	CM14-0020242		
Date Assigned:	06/16/2014	Date of Injury:	06/04/2013
Decision Date:	07/16/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Pain 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 41 year old female whose date of injury is 06/04/2013. The mechanism of injury is described as a fall. Left knee MRI dated 07/15/13 revealed moderate grade 1 sprain of the MCL without partial or full thickness tearing; mild bone marrow contusion; and 0.7 cm area of moderate cartilage fissuring and thinning at the medial patellar facet with adjacent subchondral edema. Note dated 08/05/13 indicates that physical therapy helps temporarily. Note dated 09/16/13 states that physical therapy made her pain worse. Diagnoses are chondromalacia patellae, and sprain of knee with bone contusion. Progress note dated 02/04/14 indicates that left knee range of motion is 0-135 degrees. Progress note dated 04/02/14 indicates that left knee pain has improved. She has not returned to work since the date of injury. Pain is rated as 4-5/10. On physical examination she has good functional range of motion of the bilateral knees. Knee is stable to varus and valgus. Progress note dated 05/21/14 indicates that she will remain at modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE WORK CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation.

Decision rationale: Based on the clinical information provided, the request for one work capacity evaluation is not recommended as medically necessary. The submitted records fail to document prior unsuccessful return to work attempts. It is unclear if the injured worker is at or near maximum medical improvement. Therefore, the requested evaluation is not in accordance with Official Disability Guidelines recommendations.

TWELVE PHYSICAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for twelve physical therapy sessions is not recommended as medically necessary. The submitted records fail to document the number of physical therapy visits completed to date. The submitted records do indicate that prior physical therapy made the injured worker's pain worse. Chronic Pain Medical Treatment Guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary.