

Case Number:	CM14-0024425		
Date Assigned:	06/20/2014	Date of Injury:	10/29/1999
Decision Date:	07/31/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 injured worker had an original date of injury of October 29, 1999. The diagnoses include chronic compartmental osteoarthritis, and the patient had a history of right knee arthroscopy on may 21st 2008. The current disputed request is for additional physical therapy to the right knee. A utilization review determination on February 3, 2014 had noncertified this request. The stated rationale of the reviewer was that the patient has had 24 sessions of physical therapy. Based upon this and citing the California Medical Treatment and Utilization Schedule, the reviewer felt that the patient should be transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY 2 X 4 WEEKS TO RIGHT KNEE.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Knee: Dislocation of the knee; Tear of medial/lateral cartilage/ meniscus of knee; Dislocation of patella.

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

Decision rationale: According to the submitted documentation, a physical therapy progress report on October 18, 2013 documents that the patient had 8 sessions of physical therapy

completed recently. The patient has seen good improvement with the aquatic therapy treatment. Later, a re-evaluation physical therapy note dated December 24, 2013 indicates that the patient has completed 16 visits of physical therapy and continues with range of motion exercises, strengthening exercises, and aquatic therapy. The guidelines recommend tapering physical therapy with transition to self-directed home exercises. At this juncture, the patient has completed a full course of physical therapy and should be transition to a home exercise program. This request is not medically necessary.