

Case Number:	CM14-0029420		
Date Assigned:	06/16/2014	Date of Injury:	04/25/2003
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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 & Rehabilitation and is licensed to practice in Nevada. 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 62-year-old female injured on April 25, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 13, 2014, indicates that there are ongoing complaints of left knee pain. There was complaints of left knee morning stiffness which is controlled by her current medications. The physical examination demonstrated a left knee effusion and tenderness across the medial and lateral joint line. Range of motion was from 5 to 115. The treatment plan stated the injured employee had four weeks left of physical therapy and Synvisc injections were also considered. A request had been made for physical therapy twice a week for six weeks and was not certified in the pre-authorization process on February 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 TREATMENTS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: According to the medical records provided the injured employee has attended numerous recent physical therapy visits for the left knee. At this point, she should be well educated on what is required for physical therapy for the left knee and should be up to continue this on her own at home with a home exercise program. This request for 12 visits of physical therapy is not medically necessary.