

Case Number:	CM14-0033936		
Date Assigned:	06/20/2014	Date of Injury:	01/25/2013
Decision Date:	07/24/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/18/2014

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 Nuerological Surgery 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 is a 50-year-old female was reportedly injured on January 25, 2013. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated April 10, 2014, indicates that there are ongoing complaints of right and left knee pain. On this date the injured employee was three months post-op from right knee surgery. Current treatment involved home exercise, Celebrex, and Norco. The physical examination demonstrated a small right knee effusion and right knee quadriceps strength of 4+/5. Range of motion was 0 to 125. There was moderate medial joint line tenderness. Previous treatment includes physical therapy. A request had been made for physical therapy for the right knee and was not certified in the pre-authorization process on March 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for six (6) weeks for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26, MTUS (Effective July 18, 2009) Page(s): 58.

Decision rationale: According to the medical records provided the injured employee has participated in postoperative physical therapy for the right knee, however it is unclear how many sessions have been attended. The most recent physical examination dated April 10, 2014, indicates that the injured employee has good quadriceps strength and good range of motion of the right knee with minimal effusion. With these good results it is unclear why additional physical therapy for the right knee is needed and the injured employee should be able to continue therapy on her own with a home exercise program. This request for physical therapy for the right knee is not medically necessary.