

Case Number:	CM14-0034170		
Date Assigned:	06/20/2014	Date of Injury:	11/30/2013
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 and is licensed to practice in Alabama, New York and Maryland. 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 patient is a 41 year old male who was injured on 11/30/2013. He sustained an injury due to repetitive kneeling. Progress report dated 02/18/2014 states the patient complained of leftknee and right knee pain. She stated the pain is achy in nature. She rated her pain as 7/10 in the left knee and a 5/10 in the right knee. She also stated that movement aggravates her pain and it is alleviated by rest. On examination of the left knee there is tenderness to palpation. Range of motion is decreased as well as strength. The right knee reveals decreased range of motion and strength. Diagnoses are osteoarthritis fo the left and right knee, left knee and right joint pain, and derangement of the left knee. The treatment and plan included a request for post-operative physical therapy once to twice a week for 6-8 weeks for a total of 10 treatments. Prior utilization review dated 03/07/2014 states the request for 10 sessions of physical therapy to left knee is not certified it was documented that the patient received physical therapy treatments in the past with no benefit or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of physical therapy to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg / Physical therapy.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of physical therapy for the treatment of the postsurgical left knee to be no more than 12 sessions over a 12 week period. Also an initial course of therapy should be half of this number of visits. The medical records document that the provider is requesting for 10 sessions of PT for post-surgical treatment. Furthermore, the documents show that the current request for PT is in conjunction with the request for surgery which has not yet been certified. Therefore there is no medical necessity for the physical therapy at this time. Based on the ODG and CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.