

Case Number:	CM14-0034708		
Date Assigned:	06/20/2014	Date of Injury:	03/26/2013
Decision Date:	07/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic 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 33 year-old female injured on March 26, 2013. The mechanism of injury is noted as a trip and fall. The most recent progress note, dated February 7, 2014, indicates that there are ongoing complaints of low back, left shoulder and left knee pain. The physical examination demonstrated a 5'7", 266-pound individual in no acute distress. There is no visible erythema or deformity of the left knee. The range of motion was limited and noted to be painful. There was tenderness to palpation. Provocative testing was negative. Diagnostic imaging studies have been requested. Previous treatment includes medications and physical therapy. A request had been made for physical therapy and was not certified in the pre-authorization process in February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, On Line Treatment Guidelines, <http://www.odg-twc.com/odgtwc/pain.htm>, Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 337-8.

Decision rationale: When considering the date of injury, the physical therapy already completed and the notation that an MRI of the knee was pending so that the specific pathology could be objectified, there is insufficient clinical information presented to support this request. As outlined in the American College of Occupational and Environmental Medicine guidelines, initial evaluation is warranted and transition to a home exercise protocol is supported. Therefore, without the specific pathology objectified, it is not clear what type of physical therapy would be most prudent for this patient. Therefore, the request for physical therapy three times a week four weeks is not medically necessary and appropriate.