

Case Number:	CM14-0035907		
Date Assigned:	06/23/2014	Date of Injury:	01/13/1991
Decision Date:	09/30/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 patient is a 50-year-old male who has submitted a claim for Pain in joint, lower leg and osteoarthritis, localized, primary, lower leg associated with an industrial injury date of January 13, 1991. There were no available recent progress notes. According to the UR, the patient was s/p prior ACL reconstruction and had degenerative changes, including an oblique medial meniscus tear. PT was ordered in October 2013. The provider stated that they do not know how much had been completed and PT reports do not document completed sessions. There are no significant impairments but some residual symptoms. The latest PT report noted a viral illness that interrupted care and a HEP, resulting in an increase in symptoms. Treatment to date has included medications and physical therapy. Utilization review from March 10, 2014 modified the request for Physical Therapy times 12 for the right knee to two sessions because there was no adequate justification for another 12 sessions and the patient was about to transition to HEP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 12 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is recommended. The guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. In this case, the latest and only progress notes included in the records was dated October 14, 2013. Without an information regarding the current status of the patient, it is difficult to determine whether the requested service is necessary. Therefore, given the limited information, the request for Physical Therapy times 12 for the right knee is not medically necessary.