

Case Number:	CM14-0036415		
Date Assigned:	06/25/2014	Date of Injury:	12/12/2012
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 41 year old female with an injury date on 12/12/2012. Based on the 11/08/2013 QME report provided by [REDACTED], the patient presents with bilateral knee pain. The diagnoses are: 1. Chronic bilateral knee contusion. 2. History of bilateral patellar chondromalacia, Exam on 11/08/2013 showed tenderness to palpation of the pes anserine tendons, patellar facets and distal posterior hamstring tendons bilaterally. There is crepitus present with passive range of motion of both knees. [REDACTED] is requesting 8 physical therapy sessions. The utilization review determination, dated 02/26/2014, is being challenged. [REDACTED] is the requesting provider, and he provided treatment reports from 02/13/2013 to 08/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy For Right Knee, Twice A Week For Four Weeks, Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with bilateral knee pain that is apparently improving per QME report 11/8/13. The current request is for 8 sessions of physical therapy but the treating physician's report containing the request and request for authorization form is missing to determine the date of request. The most recent progress report is dated 8/7/13, although utilization review letter in question is from 2/26/14. The most recent report is a QME report from 11/8/13 and this report states that the patient has had 2 sessions of therapy with 40-50% improvement. For therapy sessions, MTUS allows 8-10 sessions for myalgia/myositis. In this case, there are no therapy reports and no progress reports within 6 months of the utilization review letter denying the current request. Without treatment history, rationale behind additional therapy treatments and the patient medical status reporting, the request cannot be recommended for authorization. While a short course of therapy may be reasonable for a flare-up of chronic condition, or significant change in clinical status, the current request lacks such documentation. Based on available information from several months prior, the patient appears to be improving and it is not known why the patient is not able to do home exercises. Therefore, the request is not medically necessary.