

Case Number:	CM14-0038592		
Date Assigned:	06/27/2014	Date of Injury:	05/15/2012
Decision Date:	08/18/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Nevada. 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 60-year-old female who was reportedly injured on May 5, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated February 6, 2014, indicates that there are ongoing complaints of right hip pain, right elbow pain, and right knee pain. The physical examination demonstrated tenderness along the lower lumbar spine with spasms. Treatment included prescriptions of Naprosyn, Prilosec, and a topical cream. Home exercise and acupuncture were recommended as well as a urine analysis. Diagnostic imaging studies are not commented on. 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 February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2 X 6 FOR RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines 9792.24.3.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Physical Therapy, Updated June 5, 2014.

Decision rationale: According to the medical record the injured employee has proved see participated in physical therapy in December 2013. It is unclear how many sessions were attended. The Official Disability Guidelines recommends nine visits of physical therapy for knee pain. Without more information regarding prior physical therapy and its efficacy this request for right knee physical therapy two times a week for six weeks is not medically necessary.