

Case Number:	CM14-0039295		
Date Assigned:	06/27/2014	Date of Injury:	09/20/2013
Decision Date:	07/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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, 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 male with a date of injury of 09/20/2013. The listed diagnoses per [REDACTED] are: Right knee internal derangement, Right knee patellar tendinopathy, and Right knee bone contusion of the tibia. According to the progress report dated 03/21/2014, the patient complains of moderate pain in his right knee at a 7 on a scale of 1 to 10. He describes his pain as constant radiating proximally to his right lower leg, ankle, and sole of the foot with associated burning, throbbing, stabbing, aching, dull, and sharp along with giving away, locking, buckling, and stiffness. He has limited range of motion with flexion, extension, rotation, stooping, bending, lifting, carrying, pushing, and pulling. He also complains of severe pain in his right ankle and right foot at a rate of 7/10 to 8/10. This progress report does not document any objective findings; however, the progress report dated 03/13/2014 documents bilateral knees have positive tenderness to palpation, positive crepitus, and a positive McMurray's test. The utilization review dated 03/25/2014 modified the request to 10 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physiotherapy/ work hardening sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: This patient present with right knee, right ankle, and right foot pain. The provider is requesting 12 physical therapy sessions. Based on the therapy order form dated 03/21/2014, the provider is requesting physical therapy for the right knee. The California MTUS Guidelines page 98 and 99 for physical medicine recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The report dated 03/21/2014 documents that the patient completed 24 visits of physical therapy, 24 visits of acupuncture and 2 visits of shockwave therapy from 11/19/2013. However, the actual therapy notes are not available for this review. The provider has asked for 12 additional sessions of therapy but does not explain what is to be accomplished and the rationale. The patient appears to have had adequate therapy and should be able to transition into a home exercise program. The current request exceeds what California MTUS for this type of condition recommend. Therefore, the request is not medically necessary.