

Case Number:	CM14-0039988		
Date Assigned:	06/30/2014	Date of Injury:	02/21/2006
Decision Date:	08/14/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Family Medicine 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 claimant is a 67 year old female who sustained a work injury on 2/21/06 involving the low back, hips and knees. She was diagnosed with a right femur fracture, right iliotibial band syndrome and bilateral knee strain. He underwent arthroscopy of both knees. A progress note on December 13, 2013 indicated claimant continued bilateral knee pain. She claimed that prior physical therapy helped. The left knee had reduced range of motion and medial joint line tenderness. The right knee had medial and lateral joint line tenderness. The treating physician recommended physical therapy two times a week for four weeks. A progress note on January 20, 2014 indicated the claimant had bilateral knee effusion and pain with reduced range of motion. The treating physician recommended physical therapy two times a week for four weeks. A progress note on 3/4/14 indicated the claimant underwent physical therapy visits for bilateral knees. Treating physician recommended additional therapy two times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 x week for 4 weeks for the Bilateral Knees: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 338.

Decision rationale: According to the ACOEM guidelines, physical therapy is recommended for initial and follow-up visits for education, counseling and evaluation of home exercise. In this place the claimant had undergone numerous physical therapy treatments. The claimant can learn rehabilitation programs from the therapist. Therefore, the request for additional physical therapy 2 x week for 4 weeks for the bilateral knees is not medically necessary and appropriate.