

Case Number:	CM14-0041019		
Date Assigned:	06/27/2014	Date of Injury:	10/20/2013
Decision Date:	08/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 72-year-old female with a date of injury of 10/20/2013. The listed diagnoses per [REDACTED] include contusion of knee and knee pain. According to a progress report dated 02/26/2014 by [REDACTED], the patient presents with bilateral knee pain and a contusion. The patient complains of worsening of her knee pain within the last 2 weeks. She describes her pain as moderate in severity. The treater states her symptoms have been stable and non-progressive. Associated symptoms include swollen joints. The patient has tried ibuprofen with some relief. The treater is requesting 6 additional sessions of physical therapy for the left knee 2 times a week for 3 weeks. Utilization review denied the request on 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional sessions of physical therapy for the left knee (twice a week for 3 weeks, as an outpatient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, section on Physical Medicine pages 98-99.

Decision rationale: This patient presents with bilateral knee pain and a contusion. The treater is requesting additional sessions of physical therapy. The medical records provided for review do not provide any prior treatment history discussing physical therapy. For physical medicine, the MTUS Chronic Pain Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. It is not clear the exact number of treatment received to date, but it is clear the patient has received prior treatments as the treater requests additional therapy. Given there is no discussion regarding the outcome of prior physical therapy, recommendation cannot be made for additional physical therapy treatment. Therefore, the request is not medically necessary and appropriate.