

Case Number:	CM14-0051475		
Date Assigned:	06/25/2014	Date of Injury:	06/23/2011
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 48 year-old female with an injury date of 06/23/11. Based on the 10/21/13 physical therapy note provided by [REDACTED], MPT, the patient complains of bilateral knee pain and weakness, with the right being worse than the left, due to fatigue and inflammation. She received 12 visits of PT for the knees immediately following the initial injury, which the patient states made it feel better. She returned to work in March 2012 and her pain got worse. Regarding the right knee, the patella presents with moderate tenderness on the infrapatellar tendon and the retro-patellar surface with overpressure. The patella of the left knee presents with moderate tenderness at the infrapatellar tendon and the inferior aspect of the patella, with superior-inferior patellar mobs. [REDACTED] is requesting for physical therapy 2 x a week x 6 weeks for the bilateral knees. The utilization review determination being challenged is dated 03/10/14. [REDACTED] is the requesting provider, and he did not provide any treatment reports. There were 12 physical therapy notes provided from 10/21/13- 12/03/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x week x 6 weeks, bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg.

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

Decision rationale: The request is for physical therapy 2 x a week x 6 weeks for the bilateral knees. The patient has already had 12 physical therapy sessions from 10/21/13- 12/03/13 and there is no indication that the patient had any recent surgery. The report with the request was not provided. It is unknown if the patient had a flare-up or some sort of recent injury due to the lack of progress reports provided. MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. In this case, the treater has asked for 12 total sessions of therapy for the patient's bilateral knees. The patient already had 12 sessions of therapy which exceeds what is allowed per MTUS. Recommendation is for denial.