

Case Number:	CM14-0060920		
Date Assigned:	07/09/2014	Date of Injury:	07/10/2011
Decision Date:	08/25/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/01/2014

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 Occupational 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 patient is a 50 year-old male with date of injury 07/07/2011. The most recent relevant medical document associated with the request for authorization, is a primary treating physician's progress report, dated 04/08/2014, which lists subjective complaints as chronic low back and bilateral knee pain. Objective findings: Examination of the left knee revealed tenderness to palpation over the anterior knee joint. There was no swelling, erythema, or swelling present. Range of motion of the left knee was reduced by 20% with flexion but full with extension. Diagnosis: 1. Lumbar disc displacement without myelopathy 2. Pain in joint, lower leg 3. Unspecified major depression, recurrent episode. Patient is status post left knee arthroscopy with lateral retinacular release, patellar chondroplasty and plica resection on 01/24/14. Patient has completed 20 sessions of physical therapy to date, and reported that he was not sure if it was definitely helpful for him. A physical therapy report, dated 02/26/2014, lists the patient's range of motion for the left knee improved from 120 degrees of flexion to 131 degrees of flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the left knee, quantity 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 98-99.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 20 sessions of physical therapy. The current request for 12 more visits of therapy exceeds the maximum allowed by the MTUS. In addition, the medical record reflects the patient has had very little functional improvement during the previous 20 sessions of physical therapy. Therefore, the request for physical therapy for the left knee, quantity 12 is not medically necessary and appropriate.