

Case Number:	CM14-0061223		
Date Assigned:	07/09/2014	Date of Injury:	07/18/2011
Decision Date:	09/18/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 63 year-old individual was reportedly injured on 6/18/2011. The mechanism of injury is not listed. The most recent progress note, dated 4/22/2014 indicates that there are ongoing complaints of bilateral knee pain. The physical examination shows slight bruising, no effusion, and no erythema. No recent diagnostic studies are available for review. Previous treatment includes right knee arthroscopy, physical therapy, injections, aquatic therapy, and medications. A request had been made for physical therapy and aquatic therapy #8 visits for the right knee, and was not certified in the pre-authorization process on 4/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy and Aqua Rehab x 8 visits on the right knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS guidelines support post-surgical physical therapy and recommend a maximum of 12 visits over 12 weeks within 6 months of arthroscopic knee surgery. After review of the medical records provided is noted the claimant has had previous physical therapy and

aquatic therapy, however there is no documentation on the number of visits or the response of the patient to the treatment. Specifically there is no documentation of a decrease in pain, as well as increase in function. Therefore this request is deemed not medically necessary.