

Case Number:	CM14-0063016		
Date Assigned:	07/11/2014	Date of Injury:	10/20/2013
Decision Date:	08/13/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 & 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 73-year-old female with a date of injury of 10/20/2013. The listed diagnosis per [REDACTED] is left contusion knee/lower leg. According to progress report 03/18/2014, the patient presents with complaints of aching to sharp pain and swelling in the left and right knee. Symptoms are greater on the left knee on this date. The patient's symptoms are aggravated by prolonged standing and walking. The treater states the patient has tried physical therapy with some improvement. Treater notes the patient's prognosis is good and she is gradually improving over time with continuation of local icing and the use of NSAIDs. Treater believes it may take several more months for her to reach maximally medically improved. He recommends she continue her exercise program as instructed in physical therapy. The request is for 4 additional sessions of physical therapy for the left knee. Utilization review denied the request on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 additional sessions of physical therapy for the left knee: 1xwk x4wks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): Table 2.

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

Decision rationale: The patient presents with complaints of aching to sharp pain and swelling in the left and right knee. The treater is requesting 4 additional sessions of physical therapy. The utilization review from 04/23/2014 denied the request stating additional physical therapy is not substantiated at this time as reports do not specify the scope, nature outcome of prior therapeutic intervention. The medical file provided for review includes 2 progress reports. Both reports do not provide physical therapy treatment history. In this case, the treater states prior PT sessions provided some improvement and given the patient's continued pain, additional short course of 4 sessions may be indicated. Recommendation is that the request is medically necessary, per MTUS.