

Case Number:	CM14-0066554		
Date Assigned:	07/11/2014	Date of Injury:	03/21/2013
Decision Date:	09/08/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/09/2014

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, 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 59- year-old male was reportedly injured on 3/21/2013. The mechanism of injury was not listed. The most recent progress note dated 2/24/2014 indicated that there were ongoing complaints of right knee pain. Physical examination demonstrated right knee tenderness and pain with McMurray maneuver without clicking. No recent diagnostic imaging studies were available for review. Diagnosis: Right Knee Internal Derangement. Previous treatment included 8 Physical Therapy sessions and Percocet. A request had been made for Physical Therapy x 6 for the right knee and was not certified in the utilization review on 4/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 6 for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability

Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - Physical Medicine Treatment (updated 8/25/14).

Decision rationale: MTUS/ACOEM practice guidelines do not address Physical Therapy for knee injuries in the non-surgical setting. ODG supports 12 visits of Physical Therapy over 8 weeks after a knee injury. The claimant underwent 8 sessions of Physical Therapy and continues to complain of knee pain. The current request for 6 sessions of Physical Therapy exceeds the guideline recommendations. As such, this request is not medically necessary.