

Case Number:	CM14-0071178		
Date Assigned:	07/14/2014	Date of Injury:	08/04/1998
Decision Date:	08/14/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/16/2014

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 Orthopedic Surgery, 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 injured worker is a 58-year-old female who was reportedly injured on August 4, 1998. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 15, 2014, indicated that there were ongoing complaints of knee pain. It was stated that the injured employee's knee pain has been feeling better since she has been taking steroids for asthma. The physical examination demonstrated moderate crepitus with range of motion of both knees. The treatment plan included physical therapy for bilateral knee chondromalacia. A request had been made for physical therapy for the bilateral knees and was not granted in the pre-authorization process on July 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X6 FOR THE BILATERAL KNEES (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 58-59.

Decision rationale: The injured employee has sustained an apparent work-related injury in 1998. According to the medical record, there have been prior visits of physical therapy for knee

pain since that date of injury over 15 years ago. At this point, the injured employee should be well-versed on what is required of physical therapy for the knees and should be able to continue this on her own at home with a home exercise program. Therefore, the request is not medically necessary.