

Case Number:	CM14-0077453		
Date Assigned:	07/18/2014	Date of Injury:	04/11/2013
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/27/2014

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, has a subspecialty in Pain Management, 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 60-year-old with an injury date on April 11, 2013. Based on the April 11, 2014 progress report provided by [REDACTED], the diagnoses are left knee medial weight bearing compartment osteoarthritis and chondromalacia. According to this report, the patient complains of left knee pain. The patient has mild tenderness along the medial joint line with palpation. No effusions or popliteal cysts are detected. Range of motion is from 0 to 130 degrees. Mild crepitus is present. There were no other significant findings noted on this report. [REDACTED] is requesting 12 sessions of physical therapy for the left knee. The utilization review denied the request on April 29, 2014. [REDACTED] is the requesting provider, and he provided treatment reports from October 9, 2013 to April 16, 2014.

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, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (updated 03/31/14) Physical medicine treatment.

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

Decision rationale: According to the April 11, 2014 report by [REDACTED] this patient presents with left knee pain. The treater is requesting 12 sessions of physical therapy for the left knee. The UR denial letter states the patient has had an extended course of physical therapy, totaling 30 authorized visits. Time-frame is not known. Regarding neuralgia, neuritis, and radiculitis type condition, MTUS guidelines pages 98, 99 recommend 8-10 visits over 4 weeks. Review of the reports do not discuss recent or prior therapy treatments. In this case, there is a reference to some 30 sessions of therapy, although time frame is not known. The treater fails to discuss the patient's treatment history, and does not explain why therapy is needed at this juncture. Furthermore, the current requests for twelve sessions exceed what is allowed by MTUS. The request for Physical therapy for the left knee, twice weekly for six weeks, is not medically necessary or appropriate.