

Case Number:	CM14-0081743		
Date Assigned:	07/18/2014	Date of Injury:	10/01/2013
Decision Date:	09/10/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine 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:

40 yr. old male claimant sustained a work related torching injury in October 2013 involving the right knee. He was diagnosed with a knee strain. He had undergone an at least 6 sessions of therapy for the injury. The treating physician recommended 6 additional therapy sessions on 11/22/13. An examination report on 2/20/14 indicated the claimant had a McMurray;s sign and medial joint line tenderness. He had previously completed home exercises. The treating physician requested 6 sessions of therapy and an MRI of the knee. An MRI of the right knee on 3/31/14 indicated mild cartilage loss, prepatellar bursitis and small effusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the ACOEM and MTUS guidelines, therapy is recommended with a fading frequency with eventual transition to home exercises. The amount of visits recommended is up to 10 visits over 8 weeks for myalgia and pain. In this case, the claimant had

received at least 12 sessions of therapy. Details of response and additional amount of sessions are unknown. The request for additional therapy is not justified and not medically necessary.