

Case Number:	CM13-0006901		
Date Assigned:	09/06/2013	Date of Injury:	01/07/2006
Decision Date:	04/16/2015	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 59 year old female treated for knee pain attributed to a slip and fall on January 7, 2006. She has received medications and physical therapy. The most recent notes from January 2014 indicate that she has responded well to a cortisone injection and is working regular duty. The treating provider indicates physical findings of tenderness of the knee. She is reported to have a normal gait. The recent imaging reports are reported to be unremarkable. The most recent physical therapy notes indicate physical examination reveals no significant abnormalities. On July 22, 2013, Utilization Review non-certified additional physical therapy two times weekly for four weeks, for the left knee. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On August 1, 2013, the injured worker submitted an application for IMR for review of additional physical therapy two times weekly for four weeks, for the left knee. Evaluations since the original request in August 2013 indicate that the patient responded well to a cortisone injection, continues to work regular duty and participates in a home exercise program. The treating surgeon does not feel that intervention is needed at the time of the evaluation in January 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 8 SESSIONS OF PHYSICAL THERAPY FOR THE LEFT KNEE, 2 X PER WEEK FOR 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter page 114.

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

Decision rationale: The request for the IMR is from December 2013, which includes notes up to June 2013. The more recent notes from November 2013 to January 2014 indicate that the patient responded well to a cortisone injection and is doing well in a home exercise program. The treating physician indicates that not additional treatment is needed as of January 2014. This request for additional physical therapy is denied since the treating physician does not feel that it is needed.