

Case Number:	CM13-0018785		
Date Assigned:	07/02/2014	Date of Injury:	08/30/2007
Decision Date:	01/02/2015	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty Interventional Spine 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:

This case involves a 69 year old male who sustained an injury on 08/30/2007. Per the 01/29/2013 report, the patient states that his right knee gives way and he has had multiple falls since his last evaluation. In addition, the patient complaints include constant sharp right knee pain, with weakness when walking up/down stairs. The exam showed "range of motion right knee restricted, +3 to 120 degrees." The patient's treatment history includes medications (refills requested for Naproxen, Terocin, and Prilosec on 1/29/13). The diagnosis includes right knee s/s with medial meniscal tear (status post arthroscopy right knee, revision medial meniscectomy abrasional arthroplasty, chondroplasty 9/15/10). The treating physician is requesting physical therapy 2 x a week x 4 weeks for the right knee. The utilization review determination being challenged is dated 8/12/13 and modifies request to 2 x 2 visits. The requesting physician provided treatment reports from 1/29/13 to 9/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x a week x 4 weeks for the right knee: Upheld

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

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

Decision rationale: This patient presents with right knee pain. The treating physician has asked for physical therapy 2 x a week for 4 weeks for the right knee on 1/29/13. The MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, there is no record of recent therapy and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The patient has multiple fall episodes with weakness and reduced range of motion. Based on the medical records and the MTUS guidelines, this request is medically necessary.