

Case Number:	CM14-0187966		
Date Assigned:	11/18/2014	Date of Injury:	07/22/2014
Decision Date:	01/06/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/11/2014

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 Practice 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:

23 year old male claimant sustained a work injury on 7/22/14 involving the right knee, right hip and low back. He was diagnosed with a knee, back and hip strain. A progress note on 7/31/14 indicated the claimant continued to have pain in the involved areas. Exam findings were notable for tenderness in the right knee, a positive McMurray's test on the right knee, limited range of motion of the back/hips and spasms in the lumbar spine. He had been given oral analgesics and prescribed physical therapy 2 times a week for 3 weeks. A physical therapy note on 9/9/14 indicated the claimant had less pain but was unable to walk for more than 10 minutes or ascend stairs. A progress note on 9/30/14 indicated the claimant had continued pain. Exam findings were notable for pain and swelling in the right knee. An addition 6 sessions of therapy was requested. A progress note on 10/31/14 indicated the claimant had continued pain. Exam findings were notable for pain and swelling in the right knee. An addition 6 sessions of therapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 3 weeks for the right knee: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. In this case, the claimant received visits that exceeded the amount recommended by the guidelines. There is no indication that the claimant cannot perform home exercises. The request for 6 additional physical therapy visits is not medically necessary.