

Case Number:	CM14-0191872		
Date Assigned:	11/25/2014	Date of Injury:	08/22/2007
Decision Date:	12/03/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 8-22-07. The injured worker was diagnosed as having osteoarthritis of the right knee. Subjective complaints (1-9-14, 6-25-14) indicated right knee tightness and stiffness. Objective findings (1-9-14, 4-1-14, 6-25-14) revealed 1-2+ crepitation in the right medial knee, a positive patellar grind test and patellofemoral tenderness. Right knee range of motion is 0-140 degrees. The physical therapy note dated 9-30-14, indicated the injured worker has difficulty with squatting, kneeling, crouching and sitting greater than 1-2 hours. Treatment to date has included physical therapy for the right knee (from at least 5-11-14 to 9-30-14). The Utilization Review dated 10-17-14, non-certified the request for physical therapy 2 x weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The patient presents with right knee tenderness and stiffness. The current request is for Physical Therapy 2 times per week for 6 weeks. The treating physician states, in a report dated 08/05/14, It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The patient's status is not post-surgical. In this case, current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.