

Case Number:	CM14-0200941		
Date Assigned:	12/11/2014	Date of Injury:	05/09/2013
Decision Date:	01/28/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	12/01/2014

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:

55 yr. old female claimant sustained a work injury on 9/2/14 involving the back, wrists and knees. She was diagnosed with lumbar strain, left knee strain and muscle spasms. An MRI of the left knee showed a medial meniscal tear of the lateral meniscal body. A progress note on 9/2/14 indicated the claimant had decreased painful range of motion of the lumbar spine. Straight leg raise test was positive on both sides. The left knee had decreased painful range of motion. There was anterior, medial and lateral patella tenderness. The physician requested 3 times a week of physical therapy for 6 week for the right knee for kinetic activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for six weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee pain and physical therapy.

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. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeksNeuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeksAccording to the ODG guidelines, medical treatment for cartilage and meniscal injuries are also limited to 9 visits. The request above exceeds the amount suggested by the guidelines and is not medically necessary.