

Case Number:	CM14-0031129		
Date Assigned:	03/19/2014	Date of Injury:	02/26/2011
Decision Date:	03/10/2015	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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

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 patient is a 32 year old female with an injury date of 02/26/11. Per the 02/07/14 report the patient presents with pain on the lateral aspect of the right knee along with weakness in the thigh muscle. Examination reveals knee range of motion 0 to 120 with 4-/5 strength in the quadriceps and hamstrings. The patient's diagnoses include: 1. S/p right knee arthroscopy-Plica excision 06/18/13. 2. Right knee weakness. The utilization review is dated 02/19/14. Reports were provided for review from 07/18/13 to 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 sessions at [REDACTED] Physical Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with pain and weakness in the right knee and thigh weakness s/p right knee arthroscopy 06/18/13. The current request is for PHYSICAL THERAPY X8 SESSIONS AT [REDACTED] PHYSICAL THERAPY per the 02/07/14 report.

The patient is working 4 hours a day 5 days a week and is doing well. MTUS non post-operative guidelines pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The patient's right knee arthroscopy is more than 6 months prior to the 02/19/14 utilization review date, and the patient is not within a post-surgical treatment period. The reports provided show no evidence of prior non post-surgical physical therapy. The treater states on 02/07/14, "continues to show weakness. I am recommending that she return to physical therapy to continue strengthening. Otherwise she may develop additional injuries in addition to aggravation of her current injury." The 03/20/14 report states the patient is experiencing a flare up of right knee pain. In this case, the reports provided document the treating physician's concerns and reasons for additional treatment, and the requested 8 sessions are within what is allowed by guidelines. The request IS medically necessary.