

Case Number:	CM15-0144564		
Date Assigned:	08/05/2015	Date of Injury:	03/21/2000
Decision Date:	09/02/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old man sustained an industrial injury on 3-21-2000. The mechanism of injury is not detailed. Evaluations include right knee MRI dated 5-14-2014. Diagnoses include medial side joint tenderness and pain, superior and medial right knee plica, and partial thickness right knee sprain. Treatment has included oral medications. Physician notes from the orthopedist dated 5-20-2015 show complaints of right knee pain. Recommendations include physical therapy and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2x6 for The Right Knee: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant has a remote history of a work-related injury in March 2000 and is being treated for right knee pain. Prior treatments have included physical therapy with benefit. When seen, there was a recent injury in March 2015 with a twisting injury. There was medial joint line tenderness with decreased range of motion. Imaging results from May 2014 were reviewed. The claimant is being treated for a medial collateral ligament sprain. He has not had surgery. Guidelines recommend up to 12 therapy treatment sessions over 8 weeks for a knee sprain. In this case, the number of treatments being requested is within that recommended. This is a new injury occurring in March 2015 and the claimant has persistent symptoms now for more than 2 months. The request was medically necessary.