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| Case Number: | CM15-0024518 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 07/21/2013 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/19/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 36 year old female, who sustained an industrial injury on 7/21/2013. She reports a knee injury. Diagnoses include status post right knee anterior cruciate ligament reconstruction on 2/27/2014. Treatments to date include right anterior cruciate ligament reconstruction, physical therapy and medication management. A progress note from the treating provider dated 12/29/2014 indicates the injured worker reported bilateral knee pain. On 1/19/2015, Utilization Review non-certified the request for 12 physical therapy sessions for the right knee, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits for evaluation for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This 36 year old female has complained of right knee pain since date of injury 7/21/13. She has been treated with surgery, medications and physical therapy. The current request is for 12 physical therapy visits for evaluation for the right knee. Per the MTUS guideline cited above, Physical Medicine Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine, 9-10 visits over 8 weeks for myalgia and myositis.. The medical rationale for greater than recommended number of PT sessions is not provided in the available provider notes. On the basis of the available documentation and per the MTUS guidelines cited above, 12 physical therapy visits for evaluation for the right knee is not indicated as medically necessary.