

Case Number:	CM15-0038306		
Date Assigned:	03/09/2015	Date of Injury:	03/04/2014
Decision Date:	08/06/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 is a 24 year old male with a March 4, 2014 date of injury. A progress note dated February 10, 2015 documents subjective complaints (follow up of right knee), objective findings (no swelling or effusion of the knee; knee is stable to varus/valgus, anterior and posterior drawer stress tests), and current diagnoses (internal inflammation of the knee). Treatments to date have included anti-inflammatory medications, physical therapy that did not seem to help, and imaging studies. The treating physician documented a plan of care that included a right knee cortisone injection and physical therapy for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right knee cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339 & Table 13-6.

Decision rationale: In this case, there are very few records submitted for review pertaining to the requested cortisone injection of the right knee. The subjective complaints are recorded as "unchanged." Physical exam findings indicate that the knee is stable, non-tender and non-swollen and the diagnosis appears to be "internal knee inflammation." There is otherwise no diagnosis, no measurement of ROM, no evidence of instability and no support for the requested treatment. Therefore the request for a cortisone injection is not medically necessary or appropriate.

Physical therapy for the right knee x8: Upheld

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

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

Decision rationale: The request is for PT of the knee. There is no diagnosis, no subjective complaints and no physical findings to support the request for PT. Therefore there is no clinical support for the request of PT to the knee. In this case the request for PT is unsupported by any rationale and is not medically necessary or appropriate.