

Case Number:	CM13-0048734		
Date Assigned:	12/27/2013	Date of Injury:	10/09/2009
Decision Date:	02/21/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 38 year-old male with a 10/9/09 industrial injury claim. His diagnosis is s/p left knee debridement, chronic left knee pain. The IMR application shows a dispute with the 10/28/13 UR denial of PT x12 for the left knee. The 10/21/13 UR letter is from [REDACTED] and states the PT for the knee is not in accordance with the MTUS chronic pain guidelines. The UR letter states the left knee arthroscopy was on 1/4/2010 and there had been 30 PT sessions since.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy for the left knee: 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 patient had surgery in 2010. The UR letter notes the patient had 30 sessions of PT. He is not in the MTUS/post surgical physical medicine treatment timeframe, so the MTUS chronic pain guidelines apply. MTUS recommends 8-10 PT sessions for various myalgias and neuralgias. The request for 12 PT sessions will exceed MTUS recommendations.

