

Case Number:	CM14-0008827		
Date Assigned:	02/12/2014	Date of Injury:	09/16/2013
Decision Date:	06/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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. The expert reviewer is Board Certified in Family Practice, 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 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/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:

The injured worker is a 35 year old male whose date of injury is reported as September 16, 2013. The mechanism of injury is described as stepping off a forklift. Diagnosis is left knee sprain. As of 11/19/13 the injured worker had completed eight authorized physical therapy visits and was discharged from therapy. Note dated December 31, 2013 indicates the injured worker's condition has not improved. On physical examination there is medial joint line tenderness. No crepitus is noted. There is no pain on range of motion testing. Range of motion of the knee is within normal limits. McMurray, varus and valgus stress tests are negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS TO LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg
Chapter, Physical medicine treatment

Decision rationale: Based on the clinical information provided, the request for physical therapy two times a week for four weeks to left knee is not recommended as medically necessary. The injured worker has completed at least eight visits of physical therapy to date for diagnosis of knee sprain. The Official Disability Guidelines support up to twelve sessions of physical therapy for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals were provided. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. The request is not medically necessary and appropriate.