

Case Number:	CM14-0114010		
Date Assigned:	08/01/2014	Date of Injury:	03/14/2011
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 47 year-old female who was reportedly injured on 3/14/2011. The mechanism of injury is noted as a slip and fall. Most recent progress note dated 6/18/2014, indicates that there were ongoing complaints of chronic right knee pain. The physical examination demonstrated right knee: positive tenderness to palpation medial and lateral with good motion and no significant swelling. Some weaknesses noted. No recent diagnostic studies were available for review. Previous treatment includes right knee arthroscopy, medications, 12 sessions of physical therapy, and conservative treatment. A request was made for physical therapy two times a week for four weeks for the right knee, and was not certified in the pre-authorization process on 6/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per Week x 4 Weeks for Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee and Leg (Updated 6/5/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 9792.24.3 California Code of Regulations, Title 8. Effective July 18, 2009.

Decision rationale: MTUS guidelines support postsurgical physical therapy and recommend a maximum of 12 visits over 12 weeks within 6 months of arthroscopic knee surgery. The claimant underwent 12 sessions of physical therapy, continues to complain of knee pain and has failed to demonstrate an improvement in pain or function. As such, this request is not considered medically necessary.