

Case Number:	CM14-0132064		
Date Assigned:	09/19/2014	Date of Injury:	02/14/2013
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 Medicine 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:

This is a 35-year-old female claimant who sustained a work injury on February 14, 2013 involving the right and left knees. She was diagnosed with a right knee and meniscal tear and left knee contusion. A progress note on February 4, 2014 indicated the claimant had right greater than left knee pain. Examination was notable for tenderness in the left into your knee as well as crepitus. There was swelling in the right anterior knee with painful flexion and a positive patellar-grinding test. Her request was made for 12 weeks of physical therapy including hot packs, electrical stimulation soft tissue massage for both knees. A progress note on July 15, 2014 indicated the claimant had bilateral knee pain. The exam findings were notable for tenderness in the anterior area of the left knee along with crepitus. The right knee was swollen and care early and there was painful flexion as well as a positive patella grind test. The treating physician had requested another 12 sessions of bilateral knee is a call therapy including electrical stimulation and soft tissue massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with E-stim, exercise & massage at 3 times a week for 4 weeks for bilateral knee pain: Upheld

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

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

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits: -Myalgia and myositis; unspecified 9-10 visits over 8 weeks-Neuralgia, neuritis, and radiculitis, unspecified; 8-10 visits over 4 weeks-Reflex sympathetic dystrophy (CRPS); 24 visits over 16 weeks. In this case the claimant had already been provided 12 sessions of therapy. It is unknown how many sessions were completed. In addition there is now another request for 12 at the show sessions of physical therapy. As noted above the recommendation from the guidelines limits physical therapy for up to 10 this visits. The physical therapy requested up in the amount of 12 total visits in addition to what has been completed previously is not medically necessary. Therefore, the request for Physical therapy with E-stim, exercise & massage at 3 times a week for 4 weeks for bilateral knee pain is not medically necessary and appropriate.