

Case Number:	CM14-0137245		
Date Assigned:	09/08/2014	Date of Injury:	01/17/2013
Decision Date:	10/14/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/25/2014

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 records presented for review indicate that this 44-year-old female was reportedly injured on January 17, 2013. The mechanism of injury is noted as having a car hit her in the knees. The most recent progress note, dated June 11, 2014, indicates that there were ongoing complaints of low back pain and left knee pain. The physical examination demonstrated tenderness over the patellar ligament at the insertion on the tibial tuberosity and there was pain with patellar grind. Diagnostic imaging studies of the left knee showed an intrasubstance myxoid signal within the posterior horn of the medial meniscus. Previous treatment includes chiropractic care and oral medications. A request had been made for continued physical therapy twice week for two weeks for the left knee and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy twice a week for two weeks for the left knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-8.

Decision rationale: A review of the attached medical record indicates that the injured employee has previously participated in 20 sessions of physical therapy. There is no documented efficacy from these sessions and additionally, at this point the injured employee would be expected to have transitioned to a home exercise program. For these reasons, this request for additional physical therapy twice a week for two weeks for the left knee is not medically necessary.