

Case Number:	CM14-0138379		
Date Assigned:	09/05/2014	Date of Injury:	05/17/2010
Decision Date:	10/10/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/26/2014

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 50-year-old female was reportedly injured on May 17, 2010. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of right knee pain. Current medications include ibuprofen, gabapentin, and Ambien. The physical examination demonstrated tenderness of the right knee and decreased range of motion measured from 0 to 115. All special tests of the right knee were negative. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right knee surgery, 24 sessions of physical therapy, and home exercise. A request had been made for 12 additional physical therapy sessions for the right knee and was not certified in the pre-authorization process on July 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Sessions for the Right Knee as an Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the progress note dated July 3, 2014, the injured employee has previously participated in 24 visits of physical therapy and only has physical examination findings of slightly reduced flexion. It is anticipated that at this point the injured employee has

transitioned to a home exercise. As such, this request for 12 additional visits of physical therapy for the right knee is not medically necessary.