

Case Number:	CM14-0148464		
Date Assigned:	09/18/2014	Date of Injury:	10/04/2013
Decision Date:	11/07/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/12/2014

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 North Carolina. 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 patient is a 43-year-old with a reported date of injury of 10/04/2013. The patient has the diagnoses of unspecified sprain of the knee/leg, right meniscal injury and chondromalacia of the patella. Previous treatment modalities have included physical therapy and meniscectomy. Per the most recent progress notes provided for review by the primary treating physician dated 08/05/2014, the patient had complaints of continued knee pain. There was no physical exam noted. The treatment plan was to proceed with Orthovisc injection. If the injections did not work, the patient would be a candidate for total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 3 times a week times 2 weeks for the right knee/leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg (updated 6/5/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines knee surgery Page(s): 24-25.

Decision rationale: Per the documentation provided, the patient has already received 30 session of physical therapy. The suggested amount of physical therapy per the California MTUS is 12

sessions. There is no documentation to indicate additional therapy is warranted over these recommendation or why the patient would not be progressed to home exercise program. For these reasons, criteria have not been met per the California MTUS. Therefore the request is not medically necessary.