

Case Number:	CM14-0163939		
Date Assigned:	10/08/2014	Date of Injury:	02/14/2011
Decision Date:	12/15/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 Internal 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:

The injured worker is a 57-year-old female who reported an injury on 02/14/2011. The mechanism of injury was not provided. Her diagnoses were noted to include right knee pain, status post arthroscopy of the right knee with partial lateral meniscectomy and chondromalacia, early arthritis, and lateral tibial plateau. Her past treatments were noted to include steroid injections to her right knee, at least 12 visits of physical therapy, medications, electrical stimulation, and ice packs. Diagnostic studies and surgical history were not provided for review. On 09/02/2014, the injured worker was noted to have pain with activity and walking. Upon physical examination, it was noted the injured worker had full range of motion and motor strength to her right knee. Her medications were noted to include Mobic. Her treatment plan was noted to include medications and physical therapy. A request was received for physical therapy 2 times 6 for the right knee for additional stretching.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x6 for the right knee: 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: The request for Physical Therapy 2x6 for the right knee is not medically necessary. According to The California MTUS Guidelines, physical medicine is recommended to restore function including range of motion and motor strength. The guidelines also state that no more than 10 visits should be necessary unless exceptional factors are present. The injured worker was noted to have had at least 12 visits of physical therapy to her right knee and was currently noted to have full range of motion and motor strength. The injured worker was not noted to have any functional deficits and as exceptional factors were not noted, the request is not supported by the evidence based guidelines. Additionally, the request exceeds the recommended duration of treatment. As such, the request is not medically necessary.