

Case Number:	CM14-0165363		
Date Assigned:	10/10/2014	Date of Injury:	10/27/2013
Decision Date:	11/12/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational 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 32 year old female with a date of injury on 10/27/2013. She is diagnosed with extensive synovitis compartments. She was seen on October 14, 2014 for an evaluation. She was six weeks post surgery. She noted minimal improvement to date. She complained of less pain but continued to have functional limitations. She also reported that over the past few weeks she began to have acute sharp shooting pain in the medial knee that caused her to fall due to severity. She still complained of swelling and locking of the left knee with increased discomfort of her back and right knee. An examination of the left knee revealed mild swelling over the area. The incision sites were healing very well without erythema and without discharge. There was good range of motion with some pain at both endpoints. There was mild to moderate weakness present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy; 3x/week for 6 weeks (left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: It has been determined from the reviewed medical records that the injured worker previously attended four sessions of physical therapy, which she felt was helping. However, there was no documentation of objective functional improvement derived from the said former sessions of physical therapy. Documentation of objective functional improvement is necessary to warrant further sessions of therapy, as stipulated by the guidelines. The request for physical therapy for the left knee is not medically necessary.