

Case Number:	CM14-0088768		
Date Assigned:	07/23/2014	Date of Injury:	10/24/2010
Decision Date:	10/01/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 Physical Medicine and Rehabilitation 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 patient is a 55-year-old male who has submitted a claim for right lateral epicondylitis and right knee medial meniscus tear associated with an industrial injury dated 10/24/2010. Medical records from April 2014 to May 2014 were reviewed, which showed "continued right elbow pain and increasing right knee pain". On physical examination of the right knee, there was medial joint line tenderness and positive Steinman's test. Treatment to date has not been disclosed in the progress notes provided. Utilization review from 05/28/2014 denied the request for 6 physical therapy visits for the right knee since MRI of the right knee has not been approved and no range of motion, visual analog scale, and manual muscle testing are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x2 (6) right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Dislocation of knee

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

Decision rationale: As stated on page 98 to 99 of CA MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, it is unclear if patient has been enrolled to physical therapy given the injury date of 2010. However, medical records submitted for review failed to show evidence of functional impairment of the right knee, as well as degree of discomfort since progress notes dated 04/09/14 and 05/14/14 had failed to indicate range of motion, manual muscle testing, and visual analog scale for the right knee. Therefore, the request for PHYSICAL THERAPY #6 is not medically necessary.