

Case Number:	CM14-0093913		
Date Assigned:	07/25/2014	Date of Injury:	05/29/2013
Decision Date:	10/09/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/20/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 66-year-old female who reported an injury on 05/29/2013; reportedly, she fell while opening a partition to the next room. She complained of pain to the patella femoral joint. The injured worker's prior treatment history included MRI studies, medications, physical therapy, and steroid injections. It was documented that the injured worker failed physical therapy and steroid injections. The injured worker was evaluated on 04/28/2014. It was documented that the injured worker complained of knee joint pain, knee joint swelling on the right knee, knee joint stiffness, and clicking sensation in the knee. Physical findings revealed swelling of the knee minimal and tenderness on palpation of the knee. Full range of motion of the knees. Tenderness observed on ambulation of the knees. Knee weakness was observed. The affect was normal. Diagnosis included knee osteoarthritis patellofemoral. The Request for Authorization dated 05/12/2014 was for 18 physical therapy sessions for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) Physical Therapy sessions for Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM ; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004; (text page 337 table 13-3 and algorithm 13-5)ODG Physical Medicine Guidelines

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

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include physical therapy without improvement. The provider failed to indicate long-term functional goals and outcome measurements. Given the above, the request for Eighteen (18) Physical Therapy sessions for Knee is not medically necessary and appropriate.