

Case Number:	CM14-0213960		
Date Assigned:	12/31/2014	Date of Injury:	04/23/2007
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female with date of injury 04/23/07. The treating physician report dated 10/22/14 (63) indicates that the patient presents with pain affecting the right knee. The patient describes the pain as throbbing with popping sounds and rates it an 8/10. The physical examination findings reveal in the right knee, restricted and painful ROM. There is pain with flexion and extension of the knee. There is tenderness to palpation over medial joint lines. Positive McMurray's test and the knee is stable to medial collateral, lateral collateral and anterior/posterior drawer sign. The current diagnoses are: 1.Cervical strain, disk lesion of cervical spine 2.Lumbar disc herniation with radiculitis/radiculopathy 3.Right shoulder tendonitis, impingement syndrome, positive MRI 4.Overload pain, left shoulder, due to compensation for the right shoulder pain 5.Bilateral knees sprain/strain 6.Anxiety and depression 7.Insomnia. The utilization review report dated 11/24/14 (7) denied the request for Physical Therapy based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with right knee pain. The current request is for Physical Therapy Right Knee. The treating physician states, "focus should include strength training, increasing ROM, and decreasing pain." The MTUS guidelines indicate that physical therapy is recommended for myalgia and neuritis conditions for 8-10 sessions. In this case, the treating physician does not include a quantity of prescribed physical therapy sessions. The patient has also previously received physical therapy and there is no documentation of a recent surgery, new injury or rationale as to why the patient is unable to participate in a home exercise plan. The current request is not medically necessary as the MTUS only recommends 8-10 sessions. The recommendation is for denial.