

Case Number:	CM14-0214124		
Date Assigned:	01/07/2015	Date of Injury:	03/28/2008
Decision Date:	02/25/2015	UR Denial Date:	12/09/2014
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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 41 year old male with an injury date of 03/28/08. Based on the 06/30/14 progress report, the patient complains of right knee pain. The exam shows positive crepitus. The physical therapy is advised for the treatment plan. Per 07/02/14 report, the diagnoses are: 1. 629.9 contact dermatitis and other eczema, unspecified cause 2. 691.8 other atopic dermatitis and related conditions 3. 882.0 open wound of hand except finger(s) alone, without mention of complication. Based on the 08/11/14 report, the physical exam of right knee reveals no swelling, ecchymosis or deformity. There is generalized tenderness with no effusion or crepitus. The patient has full range of motion in all areas tested. The strength testing is 5/5 in all muscle groups tested and sensation are intact. The reflexes of right knee are normal and symmetrical. McMurray, Apley, Anterior drawer, Lachman, Pivorshift, Valgus stress, Varus stress, Posterior sag, Patellar compression and Patellar Apprehension tests all are negative. The diagnosis is joint pain-L/Leg Right. Per 06/18/14 physical therapy report, the medical diagnosis is right knee joint pain and treatment diagnosis is pelvic floor dysfunction. The pain level at worst is 4/10 and at rest is 0/10. The treating physician is requesting for 12 visits of physical therapy for the right knee on 11/25/14. The utilization review determination being challenged is dated 12/09/14. The requesting physician provided treatment reports from 03/18/13-08/11/14. Some of reports are hand written and illegible to read.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the Right 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: This patient presents with right knee pain. The request is for 12 visits of physical therapy. The review of reports shows, the patient received 3 sessions of physical therapy on 06/18/14, 06/27/14, and 07/08/14. For physical medicine recommendations, MTUS pages 98, 99 state to "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore, for "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." Review of the reports shows 3 sessions of physical therapy prior to the request. However, the treater does not provide any information regarding goals and progress from therapy. There is no discussion as to why the patient is not able to perform the necessary exercises at home. The treater would like better pain control with physical therapy but does not explain why a formalized therapy intervention is needed. Furthermore, the requested 12 sessions exceed what is allowed by MTUS. The request is not medically necessary.