

Case Number:	CM15-0010516		
Date Assigned:	01/28/2015	Date of Injury:	04/28/2014
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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 & 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 44 year old male injured worker suffered an industrial injury on 4/28/2014. The diagnoses were right knee contusion and patellar subluxation. The diagnostics was magnetic resonance imaging of the knee. The treatments were physical therapy and medications. The treating provider reported tenderness on the right knee with moderate effusion and crepitus along with limited range of motion. The Utilization Review Determination on 12/31/2014 non-certified 8 sessions of physical therapy, citing MTUS Chronic pain Treatment Guidelines, physical medicine

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy 2 times a week for 4 weeks, 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 intermittent moderate left knee pain. The patient states that physical therapy decreased his pain by 50%. He has just completed 8 sessions. The current request is for ADDITIONAL PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS, RIGHT KNEE. For physical medicine the MTUS guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over eight weeks. Physical therapy progress notes are not provided for review. As indicated in progress report dated 12/19/14, the patient has completed 8 physical therapy sessions with 50% improvement in pain. In this case, the treating physician does not discuss why the patient would not be able to transition into a self-directed home exercise program. Furthermore, the requested 8 additional sessions with the 8 already received exceeds what is recommended by MTUS. The requested physical therapy IS NOT medically necessary.