

Case Number:	CM15-0016777		
Date Assigned:	02/05/2015	Date of Injury:	10/14/2014
Decision Date:	03/30/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 22 year old female, who sustained a work related injury on 10/14/14. The diagnoses have included left knee tendonitis/bursitis and left knee contusion. Treatments to date have included anti-inflammatory medication, x-rays left knee, 2 physical therapy sessions and modified work activities. In the PR-2 dated 12/4/14, the injured worker complains of left sided knee pain. She complains of instability in left knee. On 1/14/15, Utilization Review non-certified a request for physiotherapy for left knee 3 x/week for 4 weeks. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for the left knee, three times weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines - knee, PT

Decision rationale: The available medical records report pain in knee status post multiple physical therapy visits provided to date. The records do not reflect specific objective functional outcome of previous physical therapy provided and does not indicate the functional goals of additional physical therapy at this time. There is no indication of other conservative therapy or self directed program to complement physical therapy to provide ongoing improvement.ODG guidelines do not support physical therapy for ongoing treatment of knee when used along. Additional physical therapy is not supported based on these findings.