

Case Number:	CM15-0111498		
Date Assigned:	06/17/2015	Date of Injury:	12/09/2014
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This 67 year old woman sustained an industrial injury on 12/9/2014. The mechanism of injury is not detailed. Evaluations include left knee x-rays dated 1/21/2015, and undated MRI, and a Doppler scan dated 5/12/2015. Diagnoses include left traumatic knee injury, left knee healed patella fracture, left knee medical meniscus tear, ad left knee probable Baker's cyst versus deep vein thrombosis. Treatment has included oral medications and physical therapy. Physician notes date 5/13/2015 show complaints of left knee pain. Recommendations include additional physical therapy, possible future MRI if no improvement with physical therapy, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 times to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter (Online Version).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work-related injury in December 2014 and continues to be treated for left knee pain. She sustained a left patellar fracture treatments nonoperatively. When seen, she had attended 11 physical therapy treatment sessions. There was a small effusion. An MRI had shown a medial meniscus tear. The patellar fracture had healed. Guidelines recommend 10 visits over 8 weeks after a patellar fracture treated medically. In this case, the claimant has already had an appropriate course of physical therapy for this condition and has normal strength and range of motion. The number of additional visits being requested is in excess of that recommended or what would be expected to finalize a home exercise program. The request is not medically necessary.