

Case Number:	CM15-0065914		
Date Assigned:	04/13/2015	Date of Injury:	11/21/2011
Decision Date:	05/19/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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, 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 injured worker is a 35 year old male who sustained an industrial injury on 11/21/11. Initial complaints and diagnoses are not available. Treatments to date include medications, surgery to the right elbow, and physical therapy. Diagnostic studies are not addressed. Current complaints include right knee and elbow symptoms. Current diagnoses include prepatellar bursitis, lesion of ulnar nerve, and contusion of lower limb. In a progress note dated 01/14/15, the treating provider reports the plan of care as a MRI of the right knee, continue medications, and exercises. The requested treatment is physical therapy to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

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

Decision rationale: The patient presents with pain affecting the right knee and elbow. The current request is for 12 Physical therapy sessions for the right knee. The requesting treating physician report was not found in the documents provided. A report dated 1/14/15 (22B) states, "Physical therapy for the right shoulder has been accomplished and he is now prepared to move forward with the right knee surgery." MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue with a home exercise program. The medical report provided, do not show if the patient has received prior physical therapy for the right knee. In this case, the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. Recommendation is for denial.