

Case Number:	CM15-0074542		
Date Assigned:	04/24/2015	Date of Injury:	03/18/2013
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 29 year old female, who sustained an industrial injury on 03/18/2013. The initial complaints or symptoms included low back pain initially after falling while at work. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker complains of occasional aching left knee pain rated as a 2/10 in severity. The injured worker reported that the pain occurs after activity and radiates into the left buttock, left knee and left ankle. The diagnoses include left knee tenosynovitis, hand/wrist tenosynovitis, thoracic myalgia/myofascitis, lumbar facet syndrome, lumbar myositis, thoracic muscle spasm, thoracalgia, and lumbar muscle spasm. The treatment plan consisted of 18 sessions of physical therapy for the left knee, medications, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Left Knee, three times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 339, 346-347.

Decision rationale: This claimant injured her left knee approximately two years ago from a slip and fall at work. She complains of occasional left knee pain and has been noted to have a "limping gait." The request is for 18 physical therapy visits over 6 weeks. Records submitted reveal a normal examination of both knees, with full range of motion and no motor, sensory or deep tendon reflex loss noted. There are no objective findings establishing the diagnosis of tendonitis. In addition, there is no evidence that a home exercise program trial has been tried and failed. This request is not medically necessary.