

Case Number:	CM14-0153936		
Date Assigned:	09/23/2014	Date of Injury:	12/11/2011
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old female who reported an injury on 12/11/2011. The mechanism of injury was reaching for a box. Diagnoses included bilateral knee chondromalacia patella, and right knee medial meniscus tear versus degeneration. Past treatments for the bilateral knees were not provided. Diagnostic studies included an unofficial MRI of the left knee on 04/09/2012, which reportedly revealed small joint effusion. An unofficial MRI of the right knee was completed on 1/16/2013, and reportedly revealed subchondral cyst within the lateral tibia plateau. Unofficial x-rays of the bilateral knees was completed on 02/19/2013, and reportedly revealed early degenerative arthrosis involving the medial compartment of the bilateral knees. Pertinent surgical history was not provided. The clinical note dated 07/23/2014 indicated the injured worker complained of pain in the right shoulder, and difficulty with activities of daily living. The physical exam revealed decreased range of motion and positive Hawkin's test of the right shoulder. Current medications were not provided. The treatment plan included physical therapy 3 times per week times 4 weeks for bilateral knees. The rationale for the treatment plan was not provided. The Request for Authorization form was submitted on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 Times per Week times 4 Weeks for Bilateral Knees: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment Index, 11th Edition (Web), 2013, Knee & Leg, Physical Therapy

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

Decision rationale: The California MTUS guidelines indicate that physical therapy is recommended for patients with myalgia, to include 9-10 visits over 8 weeks. There is a lack of clinical documentation of current subjective complaints and physical exam findings of the bilateral knees. There is also a lack of documentation of functional deficits, including quantified values for range of motion and motor strength. Additionally, the request for 12 sessions of physical therapy exceeds the guideline recommendations. Therefore, the treatment plan cannot be supported at this time and the request for physical therapy 3 times per week times 4 weeks for the bilateral knees is not medically necessary.