

Case Number:	CM14-0154101		
Date Assigned:	09/23/2014	Date of Injury:	03/29/2000
Decision Date:	11/04/2014	UR Denial Date:	08/22/2014
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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 64-year-old male who reported an injury on 03/29/2000. The mechanism of injury was repetitive in nature. Diagnoses included right knee sprain with internal derangement. Past treatments included medication. Pertinent diagnostic studies were not provided. Surgical history included an unspecified surgery to the right knee in 2001. The clinical note dated 08/06/2014 indicated the injured worker complained of knee pain and catching that interfered with sleep. The physical exam revealed knee swelling and a mild antalgic gait with no acute neurologic changes or gross instability. Current medications included Tylenol and Aleve. The treatment plan included 18 physical therapy sessions. The rationale for the request was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The request for 18 Physical Therapy Sessions is not medically necessary. The California MTUS Guidelines indicate that physical therapy is recommended for patients with myalgia, to include 9 to 10 visits over 8 weeks. There is a lack of clinical documentation to indicate if the injured worker previously completed physical therapy with documented functional improvements. There is also a lack of documentation of current functional deficits, including range of motion and motor strength values. Additionally, the request does not indicate the specific body part to be addressed during therapy. Therefore, the request for 18 Physical Therapy Sessions is not medically necessary.