

Case Number:	CM13-0009031		
Date Assigned:	11/08/2013	Date of Injury:	08/26/2008
Decision Date:	08/08/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/09/2013

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 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:

This injured worker's date of injury is 08/26/2008. The patient receives treatment for chronic low back pain and right knee pain. The treating physician diagnosed the patient with lumbar disc injury, right sacroiliac (SI) arthralgia, and right medial meniscal injury. The patient on the May 20, 2013 visit complained of lower back pain with radiation to the right buttock. On the exam the right SI joint was tender as were the L4-L5, L5-S1 regions. Forward flexion elicited moderate pain. The right knee exam revealed tenderness on the right medial joint line. On the 06/25/2013 visit note, the physician reports the patient having neck pain, right hand numbness, and bilateral knee pain. On the exam there is neck tenderness from C4 to C6 and in the right trapezius. The range of motion is normal except for extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL KNEES, NECK, AND BILATERAL UPPER EXTREMITIES, #6 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 patient's injury dates back to 2008. This review focuses on the request for physical therapy for the knees, neck, and upper extremities. There are two problems raised with this request for more PT sessions. The first is that there is no documentation in the medical records that connects the patient's new neck symptoms to the work related injuries. The original injuries involve the lumbar spine and the right knee. The second is that the treatment guidelines, regarding the lower back and knees, call for fading of the PT sessions, then, treatment continues with a home stretching and exercise program. The request for more sessions of PT at this time is not medically indicated. As such, the request is not medically necessary.