

Case Number:	CM13-0012009		
Date Assigned:	12/13/2013	Date of Injury:	04/03/2013
Decision Date:	02/07/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas... 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 physician 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.

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 patient is a 56-year-old female who reported an injury on 04/03/2013. The mechanism of injury was continuous trauma related to job duties. The resulting injured body parts include neck, both hips, both knees, and both feet. Upon initial examination her knees revealed pain with passive extension and audible clicking and popping on both knees, but worse in the right. McMurray's tests were positive and MRI of the left knee performed on 06/10/2013 revealed oblique tear of the posterior horn of medial meniscus, oblique tear of the anterior horn of the lateral meniscus, Baker's cyst, and osteoarthritic changes. Unofficial MRI of the right knee performed on the same date revealed oblique tear of the posterior horn of the medial meniscus, tricompartmental osteoarthritis, and Baker's cyst. She was given an unspecified dose of Norco to help manage her pain on 06/21/2013. It appears she received at least 10 sessions of physical therapy for the treatment of her cervical spine and shoulder and at least 6 sessions of physical therapy for her bilateral knees. The clinical note dated 08/30/2013 which was just before the end of the patient's physical therapy sessions, noted knee ranges of motion to be 120 degrees of flexion in both right and left and 10 degrees of extension in both right and left knees. The patient is also noted to have received an unknown duration of acupuncture therapy to her bilateral knees, cervical spine, and right shoulder. The patient's current diagnoses include cervicalgia (723.1); left knee lateral meniscus tear (836.1); bilateral knee medial meniscus tear (836.0). The patient's current medications include Flector 1.3% patch apply 1 patch every 12 hours as needed for pain; Norco 5/325 mg take 1 tablet every 6 hours to 8 hours; Cyclobenzaprine HCL 7.5 mg no instructions given; tramadol ER 150 mg no instructions given; capsaicin 0.025/flurbiprofen 30%/methyl salicylate 4% and Lipoderm base, apply a thin layer generously to affected area 2 to 3

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of physical therapy (PT) to the bilateral knees: 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: California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For unspecified myalgia or myositis, guidelines recommend 9 to 10 visits of physical therapy with extension of treatments dependent upon the provision of objective functional improvement. According to the most recent note dated 08/30/2013, it does not appear the patient has any significant remaining deficits in range of motion to the bilateral knees. There is also no discussion in the clinical note that refers to the patient's pain or difficulty performing activities of daily living. There is also evidence the patient has received previous sessions of physical therapy; however, the total amount and objective documentation of functional ability was not included for review. Furthermore, the request for 12 physical therapy sessions exceeds guideline recommendations. As such, the request for 12 sessions of physical therapy (PT) to the bilateral knees is non-certified.