MAXIMUS Federal Services

Case Number:	CM13-0018374		
Date Assigned:	11/06/2013	Date of Injury:	04/15/2005
Decision Date:	01/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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. 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 63 year old patient has a date of injury 04/15/05. Diagnoses include lumbar musculoligamentous sprain/strain with disc bulge at L-2, L3-4, L4-5 & L5-S1 with multi-level disc disease & stenosis; right Shoulder sprain/strain with supraspinatus tendon tear, labral tear, calcific tendinitis & AC joint DJD status post bilateral shoulder scope-2006. Bilateral total hip replacement, bilateral knee patellofemoral arthralgia with internal derangement. A report dated 8/27/13 indicates that the patient continues with complaints of right hand numbness in his right thumb, index finger, hair of his middle finger and forearm. He has gym membership and he uses the pool. He walks back and forth in the pool. His neck pain remains the same with a knot on the left and he uses this as a self management tool. His right knee pain remains the same. His left knee pain is increasing. He is wearing a knee brace and he states that he wears it in the pool when he is doing his exercises. Per the patient's history, he is diabetic and cannot get a cortisone injection. He also complains of left knee giving way causing him to fall on numerous occasions but there are no increased incidents of injuries with falls. He uses two canes to avoid falling. He takes Hydrocodone on an as needed basis.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48 & 90,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Physical therapy for the left knee (unknown number) is not medically necessary per MTUS guidelines. There is no documentation of the amount of therapy patient has had in the past or documentation from prior therapy sessions. Without this documentation the request for physical therapy to the left knee is not medically necessary. Additionally there is no specific duration requested on the physical therapy for the left knee. MTUS guidelines recommend to allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. ACOEM Guidelines furthermore state that the value of physical therapy increases when a physician gives the therapist a specific diagnosis of the lesion causing the patient's symptoms and also that physical therapy should be time contingent, not on an as needed basis.