

Case Number:	CM13-0022363		
Date Assigned:	11/13/2013	Date of Injury:	01/14/2009
Decision Date:	01/29/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/10/2013

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 and Rehabilitation, 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. 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 patient is a 60 year old male who reported a work-related injury on 01/14/2009. The mechanism of injury was not specifically stated. The patient presents for treatment of the bilateral shoulders, lumbar spine, and right knee pain complaints. The clinical note dated 08/14/2013 reports the patient was seen for followup under the care of [REDACTED]. The provider documents the patient reports 8/10 pain with associated numbness and tingling and burning down the bilateral shoulders. The patient has bilateral knee pain reported to be sharp, constant, and aching. The provider documents the patient is status post a right knee arthroscopy as of 05/16/2013. The provider requested authorization for physical therapy 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right knee 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review reports the patient presents status post a work-related injury sustained in 2009, with subsequent surgical interventions

performed in May of 2013 to the right knee. The clinical notes indicate the patient has utilized 12 sessions of postoperative physical therapy, and there is a lack of documented evidence of objective functional deficits upon physical exam of the patient noted in the most recent clinical note submitted. Additionally, the clinical notes fail to document the patient's course of supervised therapeutic interventions, as far as the patient's compliance and the efficacy of treatment. The MTUS Postsurgical Guidelines support 12 visits over 12 weeks. As the medical records provided for review fail to indicate that the patient presents with significant objective functional deficits upon exam, the request for physical therapy 2 times a week for 4 weeks to the right knee is not medically necessary and appropriate.