

Case Number:	CM13-0024007		
Date Assigned:	11/20/2013	Date of Injury:	10/13/2007
Decision Date:	01/28/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/13/2013

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 Occupational 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 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 has an injury to his low back on 10/13/07 and to the right knee on 7/21/11. A primary treating provider note from 7/30/13 reveals patient has pain, weakness and decreased knee motion. He finished 12 post-op physical therapy (PT) sessions following revision surgery of right knee arthroscopy with microfracture grade 4 chondral injury of medial femoral condyle on 4/26/13. Exam findings reveal decreased right knee motion 0-120 degrees with trace 1+ effusion and weakness on manual testing of knee extension at 4-/5 and flexion at 4/5. The request is for PT 2 times a week for 6 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for six weeks for the lumbar spine, Qty. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: The CA MTUS physical medicine guidelines page 98 in the Chronic Pain Guidelines state PT is indicated for myalgia or myositis, 9-10 visits over 8 weeks and for neuralgia and neuritis 8-10 weeks over 4 weeks. The request is for an initial 12 sessions of PT the lumbar spine. The request for 12 treatments exceeds MTUS guideline recommendations. Therefore, the request for 12 PT treatments is not medically necessary.

