

Case Number:	CM13-0027028		
Date Assigned:	11/22/2013	Date of Injury:	08/24/2011
Decision Date:	02/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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 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. 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 reported a work-related injury on 08/24/2011. The patient complains of chronic pain to her right knee and lower back. Physical exam findings of the patient's right knee revealed trace effusion, tenderness to the medial and lateral compartment with patellofemoral crepitation, and a positive grind test and pain with deep squat. Physical exam findings of the lumbar spine revealed paraspinal muscle tenderness and painful range of motion. A request has been made for physical therapy for the lumbar spine and right knee 2 times 6 weeks (12 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

physical therapy for the lumbar spine and right knee 2 x 6 weeks (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MRI of the right knee dated 10/05/2012 revealed osteoarthritis and multi-compartmental chondromalacia. MRI of the lumbar spine dated 09/05/2012 revealed multi-level degenerative disc disease. The patient underwent a Synvisc-One injection for the right knee on 12/26/2012 and 07/03/2013. A course of therapy twice a week for 6 weeks for her lumbar spine

and right knee was recommended to continue managing her symptoms conservatively, as it was noted she had not had therapy in several months' time. It was unknown, based on submitted documentation, how many physical therapy visits the patient has had to this date. Recent clinical documentation did not give evidence the patient had significant functional deficits to warrant additional physical therapy visits. There was no evidence given the patient would not be able to address her remaining deficits in a home exercise program versus formal physical therapy visits. Therefore, the decision for physical therapy for the lumbar spine and right knee 2 times 6 weeks (12 sessions) is non-certified.