

Case Number:	CM13-0028959		
Date Assigned:	12/11/2013	Date of Injury:	01/21/2009
Decision Date:	03/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 57 year old male who reported injury on 01/21/2009. The mechanism of injury was noted to be the patient was walking with 2 buckets of paint in his right hand and the roller and accessories in his left hand when he tripped over a ½ inch bolt sticking out of the concrete; he twisted to the right falling face first with his body in an awkwardly twisted position. The patient was noted to have immediate pain in the neck, shoulders, back, and bilateral knees. In an appeal letter dated 09/20/2013, the physician indicated that the patient had spasm, tenderness, and guarding in the paravertebral muscles of the lumbar spine along with decreased range of motion and decreased dermatomal sensation with pain over the right L5 dermatomes. The patient's diagnosis was noted to be tear of the lateral meniscus, current. The request was made for physiotherapy 3 times a week times 4 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy 3x week for 4 weeks for the right knee: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Clinical documentation submitted for review indicated that the patient previously had physical therapy which reduced his pain, increased his functional capacity, and facilitated his work activities, his activities of daily living, and his activities in the work place. It was indicated the patient's pain had recurred and the patient was symptomatic. There was lack of documentation indicating the quantity of prior sessions the patient had attended. Additionally, there is a lack of documentation of objective functional improvement. As the patient had previously attended physical therapy, and the reported injury was in 2009, the patient should be well versed on a home exercise program according to the MTUS Chronic Pain Guidelines. Given the above, the request for physiotherapy 3 times a week for 4 weeks for the right knee is not medically necessary.