

Case Number:	CM13-0029667		
Date Assigned:	11/01/2013	Date of Injury:	07/19/2012
Decision Date:	01/06/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/25/2013

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 has a subspecialty in Interventional Spine 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 is a 49 y.o. male with injury from 7/19/12, suffers from chronic neck and upper extremity pains. The review of the records show that [REDACTED] performed EMG/NCV studies of the arms with evidence of C7 radiculitis and mild bilateral medial neuropathies on 11/13/13. The patient was evaluated by [REDACTED] on 11/4/13 with 7-8/10 pain overall. The listed diagnoses include the neck, right knee, right shoulder, tinnitus, low back and thoracic area pains. The patient has had right shoulder surgery 5/20/13, and right knee pain 7/31/13. Psychiatric note is reviewed from 11/4/13, 5/9/13 and 2/1/13. The patient has a depressive disorder with chronic pain disorder. A note for PT for thoracic 4 sessions noted on 4/26/13. Treater's note from 4/23/13 indicates that the patient has not had any PT in thoracic area and 4 sessions of PT was being requested. MRI of T-spine was negative and thoracic pain felt to be coming from shoulder. Right shoulder surgery was pending. 3/4/13 report by treater reviewed. MRI of L-spine pending. ENT referral pending for tinnitus. The 7/10/13, UR certification letter for knee arthroscopic surgery, right. 7/31/13, UR certification letter for 12 sessions of PT for right shoulder. This letter indicates that the patient has had 11 sessions of PT thus far as of 7/17/13. Additional 12 sessions were allowed as MTUS allows 24 post-operative PT for shoulder. 10/3/13 UR letter indicates modification of requested 8 PT sessions to 3 authorized. The patient already had 9 sessions of PT and MTUS allows 12 post-op PT for knee arthroscopic surgery. The patient had 20 sessions of PT for right shoulder already. The 10/15/13 note by [REDACTED] orthopedist, recommending Supartz injection for right knee, and provided injection to right shoulder. Patient was still symptomatic. 7/31/13, operative note for right knee for meniscal tear and chondral defect. The 11/6/12 report is a new patient evaluation by current treater, [REDACTED]

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for right knee two (2) times a week for six (6) to eight (8) weeks: 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 Knee Section.

Decision rationale: The medical records provided for review appear to show that 12 sessions of physical therapy (PT) have been authorized already for the right knee. The 10/3/13 UR letter indicates that 3 additional sessions of PT was being authorized to allow for 12 post-op therapy for the patient's right knee. The patient is s/p right knee arthroscopic surgery for meniscal tear and chondral defect. For this surgery MTUS allows for 12 sessions of post-op therapy. The additional therapy request is not recommended at this time.