

Case Number:	CM13-0029753		
Date Assigned:	11/01/2013	Date of Injury:	08/31/1999
Decision Date:	02/20/2014	UR Denial Date:	09/09/2013
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 & 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 54-year-old male who reported a work-related injury on 08/31/1999, with specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: status post lumbar spine surgery as of 07/2000, status post right knee surgery as of 10/2010, left knee strain, and other problems unrelated to current evaluation. Clinical note dated 08/20/2013 reports the patient was seen under the care of [REDACTED]. The provider documents range of motion of the patient's right knee was at 0 degrees of extension, 90 degrees of flexion. The provider documented 5/5 motor strength noted throughout the right lower extremity. The provider recommended the patient utilize physical therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy 2x/week for 6 weeks for the lumbar spine & bilateral knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7, 98-99.

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

Decision rationale: Clinical notes provided for review evidence the patient last utilized supervised physical therapy interventions in 08/2013. The clinical notes failed to document that the patient had significant objective functional benefits as a result of the most recent course of physical therapy. The MTUS Chronic Pain Guidelines indicate to allow for fading of treatment frequency from up to 3 visits per week to 1 or less with active self-directed home physical medicine. At this point in the patient's treatment, an independent home exercise program would be indicated by the MTUS Chronic Pain Guidelines. Given that the patient just completed a course of physical therapy in 08/2013 without documented significant functional benefit evidenced, the request of additional physical therapy 2x/week for 6 weeks, lumbar spine & bilateral knees is not medically necessary and appropriate.