

Case Number:	CM13-0032158		
Date Assigned:	12/11/2013	Date of Injury:	12/17/2008
Decision Date:	02/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/07/2013

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 70 year old male with Date Of Injury on 12/17/2008. The patient has received the diagnoses of lumbar sprain/strain, right knee derangement and left knee derangement. Patient has complaints of ongoing low back spasms, mild left knee stabbing pain and numbness, and occasional right dull knee pain. Pain has been noted to affect his sleep patterns. Exam revealed pain over medial/lateral joint line bilaterally, with 150 and 140 degree flexion right and left knee respectively. Apley's distraction and compression were positive bilaterally. Medication management includes tramadol, omeprazole, hydrocodone, cyclobenzaprine, alprazolam, and topical creams. No prior surgery was documented. Patient had previously attended 10 acupuncture sessions, and physical therapy 10 sessions for his knees, and 26 sessions for his low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS LEFT KNEE 'LEFT KNEE FOR INSTRUCTION AND OVERSIGHT OF AN INDEPENDENT PROGRAM OF EXERCISE AN' PHYSICAL THERAPY 2XWK X 6WKS RIGHT KNEE: 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): 99.

Decision rationale: CA MTUS guidelines for physical medicine suggest fading physical therapy visits (from up to 3 visits per week to 1 or less). ODG suggests for physical treatment for knee (specifically, old bucket handle tear, derangement of meniscus, loose body in knee, chondromalacia patella, tibialis tendonitis) for 9 visits over 8 weeks. This patient has already received 10 visits for his knees, and the request for 2 visits weekly for 6 weeks exceeds the recommended course of therapy. For these reasons, the request for further physical therapy is not medically necessary.