

Case Number:	CM13-0038193		
Date Assigned:	12/18/2013	Date of Injury:	12/12/2005
Decision Date:	02/14/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease 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 33-year-old male who report an injury on 12/12/2005. The mechanism of injury was a fall. Initial diagnoses included left knee traumatic internal derangement, left knee medial meniscus tear, and low back pain with radiculopathy. His initial course of treatment is unclear; however, he did have a left knee arthroscopy in 2009. An MRI performed in 2010 of the lumbar spine showed an L4-5 (5 mm) central disc protrusion mildly impressing on the thecal sac and a 4.9 mm central disc protrusion at L5-S1 with impression on the thecal sac. The claimant continued to have knee and back pain and in 2012, he received a lumbar ESI that provided no relief. Although the patient is noted to have a diagnosis of complex regional pain syndrome to the left lower extremity, physical examination on 04/16/2013 revealed no asymmetrical skin temperatures in either leg, no glassy appearance of the skin, no increased sweating or allodynia, no unusual hair loss, and no abnormal coloring. He also had intact motor strength and reflexes to bilateral lower extremities, and no range of motion deficits. The patient also has a diagnosis of lumbar radiculopathy; however, there were no physical examination findings of decreased sensation to the lower extremities, straight leg raise on the left only produced pain in the lower back and was negative on the right, and as stated previously, he has intact motor function and reflexes. The patient had more recently received an intra-articular steroid injection to the knee in 05/2013, which he reported as not being helpful. The patient continues to complain of chronic knee pain and lumbar pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for physical therapy, 12 sessions for the left knee: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend physical therapy to restore flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Guidelines recommend up to 10 visits for unspecified myalgia and myositis; however, it is recommended that an initial 6 sessions of therapy be performed to evaluate its efficacy. The current request for 12 sessions of physical therapy exceeds guideline recommendations. As such, the request for physical therapy 12 sessions for the left knee is non-certified.