

Case Number:	CM13-0039795		
Date Assigned:	12/20/2013	Date of Injury:	11/03/2011
Decision Date:	03/12/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/09/2013

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. 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 58 year old male with date of injury 11/03/11. The listed diagnoses per [REDACTED] dated 08/15/13 are: 1. Left lumbar pain 2. Left hip pain 3. Left knee pain 4. Status post meniscectomy of left knee (2012) According to progress report dated 08/15/13 by [REDACTED] the patient continues to complain of left-sided pain, left hip, left back and left knee. His pain has gone up and down with left side back and hip pain since his last visit. He has moderate limitation with any sort of activity. Physical examination shows pain upon palpation of L5-S1 paraspinal muscle level on left, lateral bending left and right, flexion and extension of the lumbar spine are 50 reduced. He has pain in the lateral aspect of the hip and lateral aspect of the knee. Treater is requesting 9 additional PT visits for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy on left knee: 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 Page(s): 98-99.

Decision rationale: This patient presents with chronic left lumbar, left hip and left knee pain. The patient is status post meniscectomy of left knee from 2012. The treater is requesting 9 additional physical therapy visits for the left knee. Physical therapy report dated 08/20/13 shows patient complains of left lower back pain and hip pain with numbness into the left posterior thigh. Review of progress report dated 09/17/13 by [REDACTED], show the patient received 5 physical therapy visit recently. MTUS guidelines p98,99 for Physical Medicine recommends 8-10 visits for Myalgia, myositis and neuralgia type symptoms. The request for an additional 9 sessions when combined with the previous 5 will exceed the MTUS recommendations. Furthermore, there does not appear to be any improvement with the 5 sessions provided. Therefore, recommendation is for denial.