

Case Number:	CM13-0054831		
Date Assigned:	12/30/2013	Date of Injury:	11/10/2001
Decision Date:	03/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/20/2013

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 Pain Medicine 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 45-year-old male who reported an injury on 11/10/2001 after he was hit by a piece of drywall, which reportedly caused injury to his cervical spine, lumbar spine, and right knee. The patient had right knee arthroscopy for a meniscal tear in January 2013 that was followed by postoperative physical therapy. The patient underwent an MRI of the cervical spine that documented the patient had a disc bulge at the C4-5 effacing the thecal sac, a disc bulge at the C4-5 impinging upon the C5 exiting nerve root, and a disc bulge at the C6-7 effacing the thecal sac; however, it was not impinging upon the exiting C7 nerve root. The patient's most recent clinical evaluation revealed tenderness to palpation at the C3-4, C4-5, and C6-7 levels with an increase in neck disc pain. The patient's diagnoses included status post right knee arthroscopy, status post lumbar discectomy, and disc protrusions of the cervical spine. The patient's treatment plan included right knee and cervical physical therapy, an epidural steroid injection of the cervical spine, and cervical spine discectomy at the C3-4, C4-5, and C6-7 with continuation of medications for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right 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: The requested physical therapy for the knee is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends physical medicine for patients who have significant pain, range of motion, and/or weakness complaints. The patient's most recent clinical documentation does not provide an adequate evaluation of the patient's knee to support that there are deficits that would benefit from physical therapy. Additionally, the clinical documentation does indicate that the patient previously received physical therapy for the knee. The efficacy of that therapy was not clearly established within the documentation. Therefore, the requested physical therapy is not medically necessary at this time.