

Case Number:	CM13-0054905		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2012
Decision Date:	03/21/2014	UR Denial Date:	11/13/2013
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 and is licensed to practice in Illinois. 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 40-year-old female who reported an injury on 03/11/2012. Her diagnoses include displacement of lumbar intervertebral disc without myelopathy, tear of lateral cartilage or meniscus of knee, and tear of medial cartilage or meniscus of knee. The patient was seen on 11/18/2013, with complaints of pain to her left knee rated at 7/10 and lower back rated at 9/10. She had left side knee 120 degree flexion, 5 degree extension, a positive McMurray's test, and positive straight leg raise. The note indicated that she had two (2) injections approximately eight (8) months prior to the visit and physical therapy which "did not help". The note also indicated that the pain in her lower back radiated down her leg, but physical therapy "helps a lot". There were no noted deficiencies of the lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twelve (12) visits for the lumbar spine and left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back Lumbar & Thoracic/Knee & Leg (Acute & Chronic), Physical therapy (PT)

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

Decision rationale: The Chronic Pain Guidelines recommend nine to ten (9-10) visits of physical medicine over eight (8) weeks for myalgia and myositis. The documentation submitted did not provide evidence of functional deficits to warrant the need for physical therapy. In addition, the request exceeds the recommended session. As such, the request is non-certified.