

Case Number:	CM13-0061761		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2006
Decision Date:	04/07/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/05/2013

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 Pulmonary Diseases, 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 51-year-old female who reported an injury on 06/20/2006. The mechanism of injury was not specifically stated. The patient is currently diagnosed with unspecified internal derangement, tear of the medial meniscus of the knee, neck sprain and strain, and lumbar sprain and strain. The patient was seen by [REDACTED] on 11/08/2013. The patient reported ongoing hand, back, and neck pain. Physical examination revealed tenderness to the cervical spine, positive spasm, positive cervical compression and distraction testing, tenderness at the medial joint line of the right knee, and diminished grip strength on the left. Treatment recommendations included authorization for physical therapy twice per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS TO UNSTATED BODY PARTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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

Decision rationale: The MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. According to the documentation submitted, the employee maintains diagnoses of cervical and lumbar sprain, bilateral knee sprain, right knee internal derangement with medial meniscal tear, and status post right knee arthroscopic surgery. However, it is unknown whether the employee has participated in previous physical therapy. It is also unknown whether the current request for physical therapy is to address the cervical spine, lumbar spine, or bilateral knees. Based on the clinical information received, the request is non-certified.