

Case Number:	CM13-0065171		
Date Assigned:	01/03/2014	Date of Injury:	11/17/2010
Decision Date:	05/16/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, 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 expert 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 57-year-old male with a date of injury of 11/17/2010. The listed diagnoses per [REDACTED] are: 1. Status post right knee scope on 03/20/2011. 2. Lumbar spine strain/sprain with bilateral lower extremity radiculopathy. 3. Cervical spine, trapezius sprain/strain. 4. Left lower extremity varicose veins. According to report dated 10/23/2013 by [REDACTED], the patient presents with continued knee, upper back, and lower back complaints. It was noted the patient has stopped physical therapy to the right knee, and has returned to resume treatment for flare-up. Examination revealed popping, grinding, and locking to the right knee. The patient has tenderness and slight swelling. There was positive McMurray's and crepitus. The treating physician is requesting certification for 4 more physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1 TIMES A WEEK FOR 4 WEEKS TO THE RIGHT KNEE:

Overturned

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

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

Decision rationale: This patient presents with continued right knee and back pain. The treating physician is requesting patient resume physical therapy 1 time a week for 4 weeks to the left knee/thigh for increase in range of motion and strength. For physical medicine, MTUS guidelines page 98, 99 recommends 9-10 sessions for myalgia and myositis type symptoms. Medical records indicate the patient was authorized 6 physical therapy sessions on 09/04/2013. The patient completed only 4 of the 6 sessions due to a sigmoidoscopy procedure. The patient was seen by [REDACTED] on 10/23/2013 and was instructed to resume physical therapy. In this case, the treating physician is requesting additional 4 visits for patient's weakness, popping and grinding sensation in the right knee. Medical records show patient was recently involved in a motor vehicle accident which further aggravated the knee. The already approved 6 sessions with the requested additional 4 is within the recommended MTUS guidelines and is medically necessary and appropriate.