

Case Number:	CM13-0067637		
Date Assigned:	01/24/2014	Date of Injury:	06/19/2013
Decision Date:	05/13/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Medicine, and is licensed to practice in North Carolina. 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 39 year-old with a reported injury date of 06/19/2013 when she slipped and fell in a puddle of water. Her diagnosis include low back pain, lumbar strain, left knee pain, lumbar spondylosis and left lower extremity radiculitis. Patient has had a normal lower extremity electro- diagnostic test. Treatment plan has included physical therapy and medication. The most recent progress notes by the treating physician noted lumbar flexion to 50-60 degrees and extension to 10 degrees on the physical exam with the straight leg raise being equivocal on the left at 45 degrees and negative on the right. Treatment plan recommended continued physical therapy to build upon her progress, home exercise program, weight loss and continued prescribed medication. A request for physical therapy was reviewed and denied on 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR THREE WEEKS FOR THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee.

Decision rationale: According to the ODG on knee injuries, the recommended physical therapy for sprains and strains of the knee and leg is 12 visits over 8 weeks. This patient has already completed 16 visits of rehab. The treating physician's progress notes have no indication in the physical exam to suggest any other knee/leg pathology other than a simple strain or sprain and the EMG was negative. The rationale by the treating physician for additional physical therapy to build on the patient's progress does not meet guidelines. For these reasons there is no indication for additional physical therapy.