

Case Number:	CM13-0068550		
Date Assigned:	01/03/2014	Date of Injury:	01/13/2010
Decision Date:	06/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/19/2013

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 is licensed to practice in Ohio and 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 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 injured worker is a 57-year-old male who reported an injury on 01/13/2010 from an occupational injury. He has a history of right knee arthroscopy with OATS procedure performed in 2007 and a right knee lateral unicompartamental knee replacement performed on 05/20/2010. He has previously completed 24 sessions of postoperative physical therapy and 4 sessions of acupuncture in 2013. However, there were no physical therapy notes with outcomes from those sessions to support efficacy and the need for additional sessions. The 11/15/2013 clinic note reported a complaint of pain in the shoulders, upper back, and neck rated at 2/10; with pain rated 7/10 in the low back; foot, ankle, and knee rated at 7/10. The note stated the primary pain generator for the injured worker was believed to be somatic and nociceptive in nature. The note reported the injured worker took over-the-counter aspirin for pain control. The injured worker reported instability in the bilateral feet and ankles, stating his right side often gives out; he was recommended orthotics. He was recommended physical therapy and acupuncture for the spine as the note stated, physical therapy will help stabilize the injured worker to prevent further injury through falls and misuse of body mechanics due to his overall deconditioned body habitus. The request was for 6 sessions of physical therapy for the right knee. The date of the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF PHYSICAL THERAPY FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: California MTUS recommends 9 to 10 visits of physical therapy for myalgia and myositis; however, the documentation submitted did not provide evidence of outcomes for the injured worker's previous physical therapy sessions and efficacy cannot be determined. Additionally, the documentation did not provide evidence of the injured worker's functional deficits on a numeric scale or by subjective complaints and the need for additional sessions cannot be determined. As such, the request is not medically necessary.