

Case Number:	CM13-0070313		
Date Assigned:	06/11/2014	Date of Injury:	02/10/2012
Decision Date:	07/14/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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, has a subspecialty in Pain Medicine, and is licensed to practice in Minnesota. 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 02/10/2012. The mechanism of injury was not stated. Current diagnoses include lumbar sprain and strain, lower extremity radiculopathy, and bilateral knee sprain and strain. The latest Physician's Progress Report submitted for this review was documented on 06/05/2014. The injured worker reported persistent pain in the bilateral knees, as well as lower back pain with radiculopathy. Physical examination revealed tenderness and spasm in the lumbar spine, tenderness in the bilateral knees, and positive McMurray's testing bilaterally. It was then noted that the injured worker was pending surgical intervention for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST-OP PHYSICAL THERAPY X 18 VISITS FOR THE BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24-26.

Decision rationale: California MTUS Guidelines state the initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in

the postsurgical physical medicine treatment recommendations. The injured worker is currently pending authorization for an unknown surgical intervention to the bilateral knees. There is no indication that this injured worker's surgical procedure has been authorized. Therefore, the current request for postoperative physical therapy cannot be determined as medically necessary at this time. As such, the request is not medically necessary and appropriate.