

Case Number:	CM14-0000805		
Date Assigned:	01/17/2014	Date of Injury:	11/15/2010
Decision Date:	04/25/2014	UR Denial Date:	12/25/2013
Priority:	Standard	Application Received:	01/02/2014

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: 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:

This is a 47 year-old male with an 11/15/10 cumulative trauma industrial injury claim. He has been diagnosed with cervicalgia; disc bulge at C5/6; radiculopathy; internal derangement of the left knee; and bilateral CTS. On 12/20/13 The chiropractic UR reviewer recommended against 8 additional post-operative PT sessions for the left knee. There are no operative reports for the left knee, and the prior surgery for the left knee was reported to be in 2001. According to the 12/20/13 UR letter, the patient has attended 22 sessions of PT without documented functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises: Upheld

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

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

Decision rationale: The patient presents with pain in the left knee, cervical spine, and bilateral wrists. The patient reports left knee surgery in 2001. He underwent CTR on 1/10/14. The request

for therapeutic exercise was prior to 12/17/13, and the patient was not in the MTUS post surgical physical treatment timeframe, so MTUS chronic pain treatment guidelines for physical medicine apply. MTUS states 8-10 sessions of therapy are indicated for various myalgias and neuralgias. The 12/20/13 UR letter reports the patient received 22 sessions without benefit. The PT notes provided for this IMR show an initial PT evaluation on 7/24/13, and the patient was reported to have 5/10 pain. The other PT note is dated 11/4/13 and states it was the 10th session, and pain is 6/10, and the 2nd PT visit is listed as 10/3/13. It is not clear if there were 2-sets of PT provided, or if there was a 3-month gap between the 7/24/13 1st visit and the 10/3/13 2nd visit. There is documentation that the patient has had 10 sessions of PT, and the request for 8 additional sessions when combined with the 10 sessions provided will exceed the MTUS recommendations.