

Case Number:	CM14-0003641		
Date Assigned:	02/03/2014	Date of Injury:	11/22/2011
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Family Medicine and is licensed to practice in Utah. 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 47 year-old male. The patient's date of injury is November 22, 2011. The mechanism of injury is unclear according to the clinical documents, but noted as cumulative trauma. The patient has been diagnosed with a medial meniscus tear, and internal derangement of the knee, bilaterally wrist pain, status post carpal tunnel release, chronic knee osteoarthritis, chronic left knee pain, bilaterally feet and ankle pain, lumbar degenerative disc disease, neck pain and shoulder pain. The patient's treatments have included injections, medications, imaging studies (MRI), and previous surgeries. The physical exam findings are very limited, but state good range of motion in knee, no effusion. Lower extremities finding are noted as 5/5 strength. The patient's medications have included, but are not limited to, Gabapentin, Ibuprofen, Cymbalta, Buprenorphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE PHYSICAL THERAPY SESSIONS: 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 Chronic Pain Medical Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. It is unclear at this time, why the physical therapy was ordered. It is also unclear if the patient has undergone physical therapy previously and what the results of that were, if any. This is not a complete or specific request. According to the clinical documentation provided and current California MTUS Guidelines; Physical Therapy is not indicated as a medical necessity to the patient at this time. The request is not medically necessary.