

Case Number:	CM14-0003934		
Date Assigned:	02/03/2014	Date of Injury:	04/16/2012
Decision Date:	06/12/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 58-year-old male who was injured on April 16, 2012. The documented peer-to-peer phone call indicates that the claimant is status post right total knee replacement and a left knee replacement is planned. The claimant is documented as having previously undergone multiple right knee arthroscopies and a subsequent right total knee replacement performed in 2004 with moderate residual symptoms. A progress note was completed on December 18, 2013 which documented bilateral knee and low back pain. No instability is documented on examination. The review in question was completed on December 18, 2013. The reviewer indicates that further functional clinical data as required, but indicates physical therapy has not previously been attempted.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 4WKS FOR LUMBAR, BILATERAL KNEES:

Overtured

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines supports the use of physical therapy in the management of chronic pain including myositis and radiculopathy for up to 10 visits. Based on the medical records provided for review, the claimant did present with complaints of pain and had findings on examination consistent with that. As such, the request is considered medically necessary and appropriate.