

Case Number:	CM14-0009038		
Date Assigned:	02/12/2014	Date of Injury:	04/18/2012
Decision Date:	06/24/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 & Rehabilitation, 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:

The patient is a 59-year-old female with date of injury of 04/08/2012. The listed diagnoses per [REDACTED] dated 01/09/2014 are: Right knee tear of cartilage or meniscus; Lumbago; Thoracic or lumbosacral neuritis or radiculitis, unspecified and; knee tear of lateral cartilage or meniscus. According to the handwritten report, the patient was last seen on 08/2013 and reports a swollen and painful knee. The rest of the subjective and objective findings were illegible. The treater does note that the patient has improved in the lumbar spine and right knee. He notes no changes to the left knee. The utilization review denied the request on 01/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY RIGHT KNEE 2X3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 98-99.

Decision rationale: The MTUS Guideline recommends 8 to 10 visits for myalgia, myositis, and neurologia type symptoms. The 68 pages of records do not show any physical therapy reports to

verify how many treatments and with what results were accomplished. The UR dated 01/03/2014 referenced a progress report dated 11/27/2013 documenting, a progress report indicating resolved low back pain, improving bilateral knee pain and a physical exam demonstrating increased strength with previous physical therapy. The patient has completed 24 physical therapy, 18 acupuncture, and 12 chiro, according to the report. In this case, the patient shows signs of improvement and overall functional gain. Given that the patient has demonstrated increased strength and overall improvement to the affected knee, the patient should be able to transition into a self-directed home exercise program. Furthermore, the requested 6 visits combined with a previous 24 would exceed MTUS recommendations.