

Case Number:	CM14-0010944		
Date Assigned:	02/21/2014	Date of Injury:	10/04/2012
Decision Date:	07/02/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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 43-year-old male who has submitted a claim for musculoligamentous sprain/strain, lumbosacral spine, and left knee sprain with cartilage injury; associated from an industrial injury date of October 4, 2012. Medical records from February 4, 2013 to January 9, 2014 were reviewed and showed that patient complained of low back pain and left knee pain. Physical examination showed minimal lumbar tenderness, and decreased lumbar range of motion. There was left knee tenderness. Lateral patellar apprehension test, Lachman test, and anterior drawer were negative. Medial and lateral ligamentous testing and ACL testing were normal. MRI, dated April 1, 2013, revealed a partial chondral defect along the interior surface of the patellar ridge measuring 4mm, suspicion of chondral delamination along the anterior margin of the defect with fluid underlying articular cartilage, dysplastic and shallow femoral trochlear groove, and slight lateral position of the patella. Treatment to date has included etodolac, orphenadrine, acupuncture, physical therapy, Neurontin, ibuprofen, Voltaren, naproxen, Terocin, Fexmid, and Ultram. Utilization review, dated 01/09/2014, denied the request for physical therapy sessions because the patient has had extensive physical therapy for his chronic condition, and there was no objective improvement documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY THREE TIMES PER WEEK FOR FOUR WEEKS, LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Physical Medicine Page(s): 98.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In this case, patient has had physical therapy sessions. However, the total number of sessions attended was not disclosed. Despite physical therapy, he still complains of low back pain and left knee pain. Furthermore, there is no objective evidence of functional improvement from previous physical therapy. The request for physical therapy three times per week for four weeks, left knee is not medically necessary or appropriate.