MAXIMUS Federal Services

Case Number:	CM14-0011117		
Date Assigned:	02/21/2014	Date of Injury:	04/26/2012
Decision Date:	06/25/2014	UR Denial Date:	12/23/2013
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 Orthopaedic 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 36-year-old male who was injured on April 26, 2012. A handwritten Progress Report-2 (PR-2) form dated January 15, 2014 indicates the injured presents with low back and bilateral knee pain. Lumbar spine range of motion is documented as being painful as is range of motion of the knee (laterality not identified), which is also limited. This is the entirety of the physical examination provided. The injured worker is documented as being status post arthroscopy of the right knee and diagnosed with left knee pain. The physical examination consists entirely of checkboxes. Previous clinical documents are equally as sparse in information. The utilization review in question was rendered on December 23, 2013. The reviewer noncertified the request for eight physical therapy visits for both knees. The reviewer indicates the submitted PR-2 form is handwritten and does not contain a comprehensive assessment of the treatment completed, a detailed physical examination, or compliance with him exercise program secondary to this insufficient information, the reviewer noncertified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 8 VISITS BILATERAL KNEES: 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 MTUS supports the use of physical therapy in the management of chronic pain for individuals with myositis. Based on clinical documentation provided, there is insufficient information to indicate physical therapy is warranted. As such, the request is considered not medically necessary.