

Case Number:	CM14-0017980		
Date Assigned:	04/16/2014	Date of Injury:	06/01/1994
Decision Date:	11/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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 claimant injured his low back, left knee, and left hip on 06/01/94. Physical therapy for 12 visits for the left knee is under review. On 11/11/13, he was seen for back, left hip, and left knee pain. His left hip had improved significantly with PT and rest. He had less discomfort in the left groin. His back still bothered him daily. It fluctuated based on his activity. He denied any associated numbness or tingling or radiating pain down the left lower extremity. His left knee still bothers him at times especially laterally. It limited his physical therapy exercises. The pain was very sharp. He had good range of motion of the knee but had limited range of motion of the left hip. He had positive Faber's test and facet loading was positive on the left side. He had diminished Achilles deep tendon reflexes. Sensation was intact. He had a labral tear in the left hip that was responding well to PT. He was having axial lumbar discomfort and PT was helpful. An MRI was ordered for the left knee for a possible lateral meniscal tear. He was to continue his Norco and tramadol. He attended therapy in September, October, and November 2013 for a number of visits. An MRI of the left knee dated 12/09/13 was normal. On 04/28/14, a lumbar epidural steroid injection was recommended at level L4-5. He was already doing a home exercise program. He was to continue it as tolerated. Epidural steroid injections were also recommended on 03/03/14 at left L4-5 and L5-S1 levels. Physical therapy was recommended for his lumbar spine and hip on 03/03/14. He also attended PT in January 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 6 weeks for the left knee (12 visits total): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

Decision rationale: The history and documentation do not objectively support the request for an additional 12 visits of PT for the left knee. The MTUS state physical medicine treatment may be indicated for some chronic conditions and "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, the claimant has attended what should have been a sufficient number of PT visits and there is no clinical information that warrants the continuation of PT for an extended period of time. There is no evidence that the claimant remains unable to complete his rehab with an independent HEP which he reportedly was already doing on 04/28/14. The MRI of the left knee was normal. The medical necessity of the additional 12 visits of PT for the left knee has not been clearly demonstrated.