

Case Number:	CM14-0019022		
Date Assigned:	04/23/2014	Date of Injury:	03/19/2012
Decision Date:	09/19/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 and Rehabilitation and is licensed to practice in Maryland. 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 58 year old male with a work injury dated 3/19/12. The diagnoses include cervicothoracic sprain/strain, cervical spine with 0.5 to 1.5 mm bulges at C3-4, C4-5, C5-6, C6-7 and C7-T1 per MRI of 4/17/12, right shoulder sprain/strain, left shoulder sprain/strain, left wrist carpal tunnel syndrome, per the Electromyography and Nerve Conduction Velocity (EMG/NCV) of 5/25/12 and 5/21/13, right wrist carpal tunnel syndrome, per EMG/NCV of 5/25/12 and 5/21/13, right wrist open carpal tunnel release, 08/28/13, lumbar spine sprain/strain, with 2-3 mm disc bulges at L2-3, L3-4 and L4-5, per MRI of 4/17/12, Left leg radiculopathy, right knee sprain with marked tendinosis and partial-thickness interstitial tearing and suggestion of large separation and meniscocapsular junction, per MRI of 12/30/13, left knee degenerative changes medial and lateral menisci, per MRI of 5/22/12, left ankle strain, and chronic. There is a request for 12 sessions of physical therapy (PT) for the bilateral knees, twice per week for six weeks. A 1/6/14 primary treating physician report states that the patient complains of worsening symptoms. He complains of headaches and constant neck pain. The pain radiates into the bilateral upper extremities. He has reduced range of motion and painful movements. The patient complains of increased bilateral shoulder pain, which is constant. Range of motion is reduced and movements are painful. He also complains of constant bilateral wrist and hand pain with reduced range of motion and painful movements. He also has constant low back pain. His range of motion is reduced and movements are painful. The physical exam of the right knee reveals tenderness to palpation over the medial joint line, greater on the right as compared to the left. The examination of the left reveals tenderness to palpation over the medial joint line. The provider states that he reviewed the December 2013 MRI of the right knee with the patient. There were no gross tears seen. The request for an updated MRI of the left knee was denied. At

this time he feels that the patient would benefit from 12 sessions of physical therapy, twice a week for six weeks to the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 12 session (bilatreal knees) twice per week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee- physical medicine.

Decision rationale: Per documentation submitted the patient has had 60 chiropractic visits, from 4/5/12-4/2/13 and 12 sessions of physical therapy visits. The documentation is not clear on how many visits of physical therapy the patient has had for the bilateral knees in the past. Furthermore, a request for 12 sessions of physical therapy (PT) for the bilateral knees would exceed the MTUS and ODG guideline recommendations for the patient's condition. Without the number of previous physical therapy visits for the knee and evidence of functional improvement from those visits, 12 sessions of physical therapy for the bilateral knees twice per week for six weeks is not medically necessary.