

Case Number:	CM14-0111522		
Date Assigned:	08/01/2014	Date of Injury:	11/15/2007
Decision Date:	09/09/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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, 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 60 year old with an injury date on 11/15/07. Patient complains of continued bilateral knee pain per 6/25/14 report. Patient has pain in the left knee worse than right, with giving-way sensation per 6/25/14 report. Based on the 6/25/14 progress report provided by Dr. [REDACTED] the diagnoses are: 1. Right hand, rule out reflex sympathetic dystrophy versus psoriatic arthritis. 2. Osteoarthritis of the bilateral knees. 3. Meniscal tear of the right knee. 4. Chondromalacia of the right patella. 5. Mechanical low back pain. 6. Anxiety and depression. 7. Insomnia. 8. Degenerative joint disease of the right knee 9. High blood pressure 10. Status post right shoulder arthroscopic surgery, January 20, 2010. 11. Bilateral shoulders strain/sprain 12. Bilateral hands strain/sprain. 13. Right wrist and hand strain. Exam on 6/25/14 showed "antalgic gait. The patient is ambulating with help of a cane. There is bilateral restricted/painful range of motion; tenderness to palpation over medial/lateral joint lines. Positive McMurray's and chondromalacia patella compression test." [REDACTED]. [REDACTED] is requesting physical therapy 2 x per week x 6 weeks bilateral knees. The utilization review determination being challenged is dated 7/1/14. [REDACTED] is the requesting provider, and provided treatment reports from 1/6/14 to 6/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x per Week x 6 Weeks Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral knee pain and has not had any surgeries to the knee. The treater has asked for physical therapy 2 times per week x 6 weeks for bilateral knees on 6/25/14. Review of the physical therapy reports shows patient had at least 3 sessions from 5/15/14 to 5/23/14. The 5/28/14 report states patient is making slow progress with physical therapy. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient appears to have undergone a course of physical therapy with at least 3 sessions. In addition to the 3 sessions patient has already had, the requested additional 12 physical therapy sessions would exceed what MTUS guidelines allow for this type of condition. Therefore, this request is not medically necessary.