

Case Number:	CM14-0169105		
Date Assigned:	10/17/2014	Date of Injury:	01/20/2011
Decision Date:	11/26/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Family 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:

This injured worker's date of injury is 01/20/2011. This patient receives treatment for chronic osteoarthritis and bilateral knee pain. On 02/24/2011 the patient underwent an arthroscopic partial medial and lateral meniscectomy. The patient has received Synvisc intra-articular injections, which helped the pain. The left knee remains very painful. On exam the ROM is 100 degrees and there is patellofemoral crepitation. An MRI of the right knee on 06/11/2013 shows extensive degenerative changes, partial tear of the anterior cruciate ligament, and meniscal tears of the anterior and posterior horns. Another treating physician addressed low back pain in 2013. In June 2013 the patient strained the lower back getting out of bed. This review focuses on a request for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

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

Decision rationale: There is ample documentation for the knee problems; however, there was no suitable medical documentation provided to support treatment of the lower back with physical therapy. Physical therapy of the lower back is not medically indicated.