

Case Number:	CM14-0171764		
Date Assigned:	10/23/2014	Date of Injury:	07/25/2013
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 41 year old with an injury date on 7/25/13. Patient complains of lower lumbar pain and leg pain per 9/4/14 report. Patient states that buprenorphine is doing nothing for his pain, and recently an increase in dosage caused severe nausea and vomiting per 9/2/14 report. Based on the 9/2/14 progress report provided by [REDACTED] the diagnosis is lumbar disc displacement without myelopathy. A postoperative physical exam is not included in provided reports. Patient's treatment history includes a right epidural steroid injection for right leg pain on 7/22/14 with no benefit, work restrictions, and medications. [REDACTED] is requesting physical therapy 2 times per week times 4 weeks, left knee. The utilization review determination being challenged is dated 10/7/14 and modifies request from 8 to 3 sessions, due to an undated left knee surgery, and 6 sessions already certified. [REDACTED] is the requesting provider, and he provided treatment reports from 5/1/14 to 9/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times per week times 4 weeks, left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation ODG, Knee & Leg, Physical medicine treatment

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: This patient presents with lower back pain and leg pain and is s/p partial left lateral meniscectomy from 8/29/14. The treater has asked for physical therapy 2 times per week times 4 weeks, left knee on 9/2/14. Reviews of the reports do not show any evidence of any postoperative physical therapy, as the 9/9/14 report states: "patient will be starting his physical therapy tomorrow." California MTUS Postsurgical treatment guidelines for meniscectomy allow 12 visits over 12 weeks within 6 months of surgery. In this case, the patient had a recent left knee meniscectomy, and has not had posteroperative physical therapy. The requested 8 sessions of physical therapy for the left knee appear reasonable for patient's condition. Treatment is medically necessary and appropriate.