

Case Number:	CM14-0177929		
Date Assigned:	10/31/2014	Date of Injury:	10/28/2013
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 49 year-old female with the date of injury of 10/28/2013. The patient presents with pain in her left knee and low back. Her low pain radiates into her lower extremities with tingling or numbing sensations. The patient rates her pain as 5-6/10 on the pain scale, depending on her activities, especially prolonged walking or standing. Examination reveals that drop, lift-off, cross-body and apprehension tests are negative. The patient has weakness in her VMO and mild diffuse medial and lateral joint line tenderness. The patient has no gross swelling in her left knee. The patient is currently working full time. According to the utilization review letter on 10/03/2014, diagnostic impressions are;1) Rotator cuff sprain and strain2) Tear lateral cartilage or meniscus knee currentThe utilization review determination being challenged is dated on 10/03/2014. [REDACTED] the requesting provider, and she provided treatment reports from 03/05/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the left knee x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The patient presents with pain in her left knee and lower back. The request is for 8 sessions of physical therapy for the left knee. The utilization review denial letter from 10/03/2014 indicates that the patient has had a total of 24 sessions of physical therapy in the past, but the records do not contain therapy reports nor a progress report discussing this specific request. For non-post-surgical therapy treatments, MTUS guidelines recommend 9-10 sessions of therapy for myalgia, myositis, neuralgia, the type of condition this patient is suffering from. In this case, the treater does not explain why additional therapy is needed. There is no discussion regarding the patient's home exercise program; no discussion regarding the patient's treatment history; no discussion as to the patient's current functional level change, etc. MTUS page 8 requires that the treater monitor the patient's progress and make appropriate recommendations. Recommendation is for denial.