

Case Number:	CM14-0032850		
Date Assigned:	06/20/2014	Date of Injury:	07/05/2007
Decision Date:	08/06/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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, 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 61 year old male with an injury date on 07/05/2007. Based on the 02/06/2014 progress report provided by [REDACTED], the diagnoses are: 1. Musculoligamentous strain, lumbosacral spine. 2. Status post bilateral knee arthroscopies with partial meniscectomies. According to this report, the patient complains of lumbar pain and bilateral knee pain. The patient is mildly antalgic and walks with a cane. Exam of the lumbar spine reveals mild tenderness at the base of the lumbosacral spine. Exam of the knees reveals tenderness over the anterior aspect of both knees. Range of motion is from 0 to 120degrees bilaterally. There were no other significant findings noted on this report. [REDACTED] is requesting additional physical therapy 2 times a week for 4 weeks for bilateral knees. The utilization review denied the request 03/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/20/2013 to 02/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy two times per week for 4 weeks for bilateral knees: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 02/06/2014 report by [REDACTED] this patient presents with low back pain and bilateral knee pain. The current request is for an additional 8 sessions of physical therapy but the treating physician's report and request for authorization containing the request is not included in the file. The UR denial letter states "The claimant has had physical therapy times 24 for right knee, physical therapy times 16 visits for left knee." For physical medicine, the California Medical Treatment Utilization Schedule (MTUS) guideline recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 4 of the 8 authorized sessions recently. No therapy reports were provided and there is no discussion regarding the patient's progress on any of the reports. The treating physician also does not provide any discussion regarding what is to be achieved with additional therapy. Given the patient's 8 authorized therapy sessions, additional 8 sessions would exceed what is recommended by MTUS for this kind of condition. The requested treatment is not medically necessary and appropriate.