

Case Number:	CM14-0038846		
Date Assigned:	06/27/2014	Date of Injury:	12/15/2011
Decision Date:	08/06/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 40 year old with an injury date on 12/15/11. Patient complains of stiffness, soreness, intermittent clicking about anteromedial knee, and constant lumbar spine pain with occasional radicular symptoms down left thigh per 3/8/14 QME. Based on the 3/8/14 qualified medical evaluation provided by [REDACTED] the diagnoses are cervical myositis fixed and stable related on a more probably than not basis on his industrial injury 12/15/11, lower back pain, rule out L3-L4 left disc with radiculitis related on a more probably than not basis to his industrial injury 12/15/11 as well as right knee pain, s/p arthroscopy on 3/3/13 related on a more probably than not basis to his industrial injury 12/15/11, fixed and stable. Exam on 3/8/14 showed patient walks free of antalgic gait. Can heel and toe walk. Knee range of motion: extension to 0 degrees on right/left and flexion is to 130 degrees on right/left. Valgus of the knee is 4-5 degrees on right/left. Motor strength is 5/5 throughout. Sensation is normal in all lower extremity dermatomes L2-S1 including thigh, leg, and foot. Straight leg raise negative bilaterally. Faber's test, compression on sacroiliac joints is negative bilaterally. [REDACTED] is requesting physical therapy three times a week for four weeks to the right knee. The utilization review determination being challenged is dated 3/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/8/13 to 7/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks to right knee.: 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 MTUS Page(s): 98-99.

Decision rationale: This patient presents with back pain, right knee pain and is s/p right knee arthroscopic meniscectomy and synovectomy from 3/12/13. The treater has asked for physical therapy three times a week for four weeks to the right knee but the request for authorization was not included in provided reports. Review of the 7/25/13 report shows patient's post-operative knee physical therapy caused some paralysis/numbness in body parts on his right side, and one morning he couldn't get out of bed and went to emergency room. On 7/15/13, patient's paralysis (which is emanating from back pain) was stated to be caused by maneuvers he did in physical therapy. Records do not indicate the number of sessions of physical therapy patient had postoperatively. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient is a year removed from knee surgery, and seems to have regained full range of motion of the right knee and is without noticeable functional deficits. The treater has asked for 12 sessions of physical therapy which exceeds MTUS guidelines. In addition, prior physical therapy appears to have caused additional problems without much benefit and the treater does not explain why further therapy is necessary. The request is not medically necessary.