MAXIMUS Federal Services

Case Number:	CM14-0052535		
Date Assigned:	07/07/2014	Date of Injury:	05/07/2007
Decision Date:	08/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 50-year-old female with date of injury of 05/07/2007. The listed diagnoses per [redacted] dated 03/06/2014 are contusions, sprain/strain of the right knee with tear of the medial meniscus, status post arthroscopy and partial meniscectomy, arthritis of the right knee, status post right total knee replacement, cervical sprain/strain, lumbosacral spine sprain/strain, tear of medial meniscus left knee, bilateral carpal tunnel syndrome, nonindustrial. According to this agreed medical evaluation report, the patient complains of right knee pain that is moderate and made worse with prolonged ambulation and standing. She reports neck pain with some radiation of pain into the bilateral trapezial region and upper extremities. She reports increased numbness in both hands and fingers. She reports lumbar spine pain that radiates into the right leg and down to the level of her toes. She does not report any left knee pain today. The physical exam shows the patient ambulates with the use of a cane. There is full and painless active and passive range of motion of the cervical spine in all planes. There is pain in the trapezial region bilaterally when palpated. Biceps and triceps reflexes are 2+ and symmetrical. There is no motor deficit of either upper extremity. She is able to flex all fingers so that she is able to reach the mid-palmar crease. The patient is able to oppose the tips of her thumbs to the tips of all her digits. She has full abduction and adduction of all her digits. Peripheral pulses are full and intact. There is good capillary filling of all digits. An examination of the shoulder reveals full range of motion. The patient complains of trapezial pain with full abduction and flexion of both shoulders. There is no tenderness at the bicep grooves, subacromial bursae, or AC joints. Impingement sign is negative bilaterally. Elbows reveal full painless range of motion. There is no tenderness at the medial or lateral epicondyles. The radioulnar joints are non-tender. There is full range of motion of the wrists and hands. Dorsiflexion and palmar flexion are 60

degrees bilaterally. A Phalen's test and Finkelstein's test are negative bilaterally. Tinel's sign is positive bilaterally. Straight leg raise test to 50 degrees causes back pain but no leg pain. The medial and lateral joint lines are non-tender bilaterally. The utilization review denied the request on 04/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with right knee, neck, lumbar spine, and bilateral hand pain. The patient is status post right knee arthrotomy and meniscectomy from 08/28/2013. The physician is requesting 8 physical therapy sessions. The patient's right knee surgery was from 08/20/2013 and is past the 6-month timeframe for postsurgical physical therapy. For physical medicine outside of post-surgical guidelines, MTUS page 98 and 99 recommends 8 to 10 visits for myalgia, myositis, and neuralgia-type symptoms. The physical therapy report dated 02/21/2014 notes that the patient was discharged from treatment. Her active range of motion is 0 to 110 for the right knee with moderate pain. The patient is able to ambulate for 20 minutes with rest. The physical therapy reports provided show some 24 physical therapy visits with demonstrated improved range of motion. In this case, the patient has received some 24 physical therapy visits following right knee surgery while the patient continues to complain of moderate pain, the patient should be able to transition to a self-directed home exercise program to improve range of motion and decrease pain. Furthermore, the requested 8 sessions when combined with the previous 24 would exceed MTUS Guidelines. Therefore the request is not medically necessary.