

Case Number:	CM14-0069128		
Date Assigned:	07/14/2014	Date of Injury:	08/13/2012
Decision Date:	08/14/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 53-year-old male who reported an injury on 08/13/2012. Prior treatments included an epidural steroid injection, a right knee arthroscopic subtotal medial meniscectomy with the excision of plica and synovectomy on 01/31/2014, and therapy. The documentation dated 04/29/2014 revealed the injured worker was doing satisfactorily but could not fully extend his right knee but could fully flex it. The injured worker was noted to have moderate right knee pain and right hip pain as well as mild low back pain. It was indicated the injured worker was going to pool therapy once a week and to land therapy twice a week. The injured worker had a total of 91 physical therapy visits prior to surgery. The physical examination of the back revealed decreased range of motion in flexion and a positive straight leg raise at 90 degrees bilaterally while sitting and a positive straight leg raise of 60 degrees while laying. The physical examination of the knee revealed the injured worker had a slight stiffness in his gait in regards to his right knee. The injured worker was noted to have an inability to squat easily. Diagnoses included lumbar degenerative disc disease/degenerative joint disease with herniated nucleus pulposus at L4-5 and L5-S1, sciatica right greater than left, and right knee medial meniscus tear. The treatment plan included therapy once a week for 6 weeks to finish up for the back and to finish up therapy for his knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) physical therapy visits for the lumbar spine and right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Low Back - Lumbar & Thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99, Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines recommend postsurgical treatment of 12 visits over 12 weeks for the tear of the medial/lateral cartilage/meniscus of the knee. The clinical documentation submitted for review failed to provide the number of sessions the injured worker had participated in. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy for the knee. This portion would not be supported for the knee. The California MTUS Guidelines recommend 9 to 10 visits of physical medicine for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previous therapy. There was a lack of documentation indicating the quantity of sessions the injured worker had participated in. There was a lack of documentation of objective functional deficits to support the necessity for ongoing therapy for the lumbar spine. Given the above, the request for 6 physical therapy visits for lumbar spine and right knee is not medically necessary.