

Case Number:	CM14-0072088		
Date Assigned:	07/16/2014	Date of Injury:	10/16/2013
Decision Date:	08/22/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/19/2014

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 Rehabilitation & Pain Management 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 57 years old female with an injury date on 10/16/2013. Based on the 04/10/2014 progress report provided by [REDACTED] the diagnoses are: 1. Post traumatic arthropathy left wrist 2. Chronic musculoligamentous strain of the lumbrosacral spine 3. Internal derangement of the left knee 4. Left knee sprain and strain 5. Wrist sprain and strain. According to this report, the patient complains of left knee pain rated at a 6-7/10 today. Per treating physician, the patient is to return to work with restriction of no lifting over 10 pounds with minimal standing and walking. On the 04/14/2014 report, the cervical and lumbar range of motion is about 50% normal with pains. The patient cannot perform toe walk, heel walk and squat due to the pain at the left knee. There were no other significant findings noted on this report. [REDACTED] is requesting physical therapy six sessions, 2 times a week for 3 weeks. The utilization review denied the request on 05/13/2014. [REDACTED] is the requesting provider and he provided treatment reports from 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, six sessions two times a week for three weeks: Upheld

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

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine, pages 98,99.

Decision rationale: According to the 04/14/2014 report by the treating physician off this patient presents with left knee pain rated at a 6-7/10. The treating physician is requesting 6 sessions of physical therapy. The UR denial letter states patient had recent physical therapy, approximately 22 sessions and notes did not document significant improvement in range of motion, strength, gait, or work restrictions. Time-frame is not known. For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available reports show that the patient completed 12 of the 14 sessions authorized physical therapy on 01/31/2014. There is no discussion regarding the patient's progress on any of the reports and what is to be achieved with additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. In this case, the requested 6 sessions exceed what is recommended by MTUS when combined with what was already recently provided. The request is not medically necessary.