

Case Number:	CM14-0077134		
Date Assigned:	07/18/2014	Date of Injury:	03/31/1999
Decision Date:	08/15/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/27/2014

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 67 year-old male with a date of injury of 03/31/1999. The patient presents with pain in his knees bilaterally. He often limps due to weakness of his right knee, however, he denies catching or locking of both knees. According to [REDACTED] report on 04/25/2014, his impression is the following: Bilateral knee pain; S/P right total knee replacement, dated 02/07/2013; S/P left total knee replacement, dated 06/26/2012. [REDACTED] requested 6 visits of physical therapy for the bilateral knees. The utilization review determination being challenged is dated on 05/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/24/2014 to 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 6 visits for bilateral knees: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & leg (updated 03/31/14).

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

Decision rationale: The MTUS Chronic Pain Guidelines allow 8-10 sessions of physical therapy for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater has asked for therapy but does not indicate why therapy is needed at this point. The medical records provided for review do not show a recent history of therapy treatments and the treater does not discuss treatment history to understand how the patient may benefit from a repeat treatment. However, the treater does indicate that the patient has weakness with a significant limp. A short course of therapy may be able to address improvement. Given the request for a short-course, and the patient's gait problems, the request is medically necessary and appropriate.