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| Case Number: | CM14-0079128 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/30/2012 |
| Decision Date: | 08/15/2014 | UR Denial Date: | 05/19/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Orthopedic Surgeon and is licensed to practice in New York. 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 has one year old date of injury of March 30, 2012. The patient was struck in the head with heavy object. He had a spinal cord injury with a C2 non-displaced fracture. He was treated with a halo-vest. The treatment has included physical therapy to the left knee is for 6 sessions of physical therapy for the neck and right knee for 2 sessions. The patient had left knee arthroscopy and meniscectomy in September 2012. The patient continues to have increasing knee pain. Physical examination shows tenderness to the right knee with quadriceps atrophy. There is patellofemoral crepitus. There is no evidence of instability. McMurray test is positive. Anterior drawer signs are negative. The patient is diagnosed with internal derangement of the knee. The patient's diagnosis is pain and symptoms. The patient is taking narcotic pain medication. At issue is whether additional physical therapy sessions x 6 for low back pains are necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy x 6 sessions (3 of 5): Upheld

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

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

Decision rationale: This patient does not meet criteria for additional physical therapy sessions. The patient has low back pain. There is no assessment of a functional status for the low back pain. Specific goals need to be provided for additional physical therapy (PT) sessions. There is no documentation of functions proven at the previous PT sessions. Such as, additional Physical Therapy x 6 sessions is not medically necessary.