

Case Number:	CM14-0099824		
Date Assigned:	07/28/2014	Date of Injury:	04/13/2010
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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, 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 injured worker is a 52 year old male with a 4/13/10 date of injury. He has been complaining of bilateral knee pain, right worse than left. He has difficulty performing his activities of daily living. He was seen in follow-up on 6/24/14. He has multiple musculoskeletal problems including both knees, lower back, both elbows, and status post left total hip replacement. He had bilateral knee surgery with meniscectomy and left ACL augmentation. He has had Hyalgan injections to both knees. An MRI of the lumbar spine has showed multilevel degenerative disc disease. He also has a history of depression, obesity and hypertension, right elbow contusion, and chip fracture along the tip of olecranon. The treatment plan included Lisinopril, a bilateral weight unloading brace, standing X-rays of both knees, Ultram ER, Lidopro cream, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy for the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: As per the California MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the Official Disability Guidelines, physical therapy is recommended for chronic knee pain. Nine visits over eight weeks are recommended for knee arthritis / pain / derangement of meniscus. Post-surgery, 12 visits over 12 weeks are recommended. In this case, the records lack detailed pain and functional assessment to support any indication of more physical therapy visits. Also, at this juncture, this patient should be well-versed in an independently applied home exercise program with which to address residual complaints and maintain functional levels. Furthermore, additional physical therapy will exceed the number of recommended visits. Therefore, the request is not medically necessary.