

Case Number:	CM14-0190474		
Date Assigned:	11/21/2014	Date of Injury:	06/16/2001
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine 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:

This is a 65 year old male patient who sustained a work related injury on 6/16/2001. Patient sustained the injury due to cumulative trauma. The current diagnoses include lumbar sprain, thoracic sprain, bilateral knee sprain and status post left knee surgery. Per the physical therapy note dated 10/1/14, patient has complaints of low back pain at 1/10 with tingling, numbness, weakness and stiffness in lower extremity; pain in the right knee at 6/10 with tingling, numbness, weakness and stiffness in lower extremity. Physical examination revealed limited range of motion of knee and low back, tenderness on palpation; 4/5 strength. Per the doctor's note dated 8/13/14 she had complaints of pain in the lower back that radiates in the pattern of bilateral L3 to L4 dermatomes; in the neck, left shoulder/arm, left elbow/forearm, and bilateral knees at 4-7/10 and physical examination revealed tenderness to palpation, restricted range of motion, positive McMurray's test. The current medication lists includes Vicodin. The patient has had sleep study on 3/3/14 that was consistent with minimal restorative slow wave sleep; MRI of the low back on 3/11/14 that revealed post-surgical changes and protrusions of disc. The patient's surgical history include Posterior lumbar inter laminar laminotomy, left L4-5; arthroscopy of left knee and ESI. He had received injections for this injury. He has had a urine drug toxicology report on 9/24/14. The patient has received an unspecified number of the physical therapy and acupuncture visits for this injury. He had used a brace and crutch for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy left 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 Physical therapy Page(s): 98.

Decision rationale: Patient has received an unspecified number of physical therapy visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified physical therapy sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current physical therapy evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Previous physical therapy visits notes were not specified in the records provided. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The request for Physical therapy left knee is not medically necessary.