

Case Number:	CM14-0209558		
Date Assigned:	12/22/2014	Date of Injury:	10/01/2012
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 58 year old male with date of injury 10/01/12. The treating physician report dated 10/06/14 indicates that the patient presents with pain affecting his neck and bilateral knee pain. The patient is experiencing headaches and also states that he has pain in his jaw and teeth. The physical examination of the cervical spine reveals there is tenderness to palpation at the cervical paraspinal muscles. There is decreased ROM for the cervical spine. The examination of the knee reveals there is tenderness to palpation over the medial and lateral joint line and to the patellofemoral joint, bilaterally. There is also decreased ROM of the knees. The current diagnoses are: 1.Cervicalgia 2.Radiculopathy, cervical region 3.Cervical spine degenerative disc disease 4.Bilateral knee pain 5.Knee internal derangement 6.Chondromalacia 7.Stress, Hypertension, Sleep Disorder, Headaches, Jaw pain, and Anxiety DisorderThe utilization review report dated 11/19/14 denied the request for physical therapy based on the lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 physical therapy sessions for the left knee (2 times a week for 8 weeks): Upheld

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 and Leg

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

Decision rationale: The patient presents with neck and knee pain. The current request is for 16 physical therapy sessions for the left knee (2 times a week for 8 weeks). The treating physician indicates that the patient is to undergo acupuncture and physical therapy for a period of 6 weeks. The MTUS guidelines allow 8-10 therapy visits. When reading ODG guidelines for additional discussion, 6 initial therapy visits and up to 10-12 sessions are recommended with improvement. The current request for 18 sessions exceeds what MTUS allows for this type of condition, and exceeds what is recommended by ODG for a trial of 6 sessions. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis, etc. to clinically understand the need for additional therapy at this juncture. The request is not medically necessary and appropriate.