

Case Number:	CM15-0163832		
Date Assigned:	09/01/2015	Date of Injury:	04/24/2007
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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 & Rehabilitation

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 male sustained an industrial injury to the right knee, neck, low back and right shoulder on 4-24-07. Magnetic resonance imaging cervical spine (October 2014) showed disc protrusion with foraminal narrowing at C3-4 and disc bulge at C5-6 and C6-7. Previous treatment included physical therapy, bracing and meds. In a PR-2 dated 7-27-15, the injured worker complained of persistent pain in the neck, right shoulder, low back and right knee. The injured worker was requesting a hinged pull-on brace and replacement of back brace as his had worn out. The injured worker was also requesting physical therapy due to right knee weakness with popping, buckling, clicking and giving way. Requests for right knee surgery had been denied. The injured worker took medications to be functional. Physical exam was remarkable for tenderness to palpation along the cervical spine paraspinal musculature, pain along facets, pain with facet loading and right knee pain along the medial and lateral joint lines. The physician noted that magnetic resonance imaging right shoulder (undated) showed a rotator cuff tear. Magnetic resonance imaging right upper extremity showed partial triceps tendon tear. Right knee magnetic resonance imaging showed a meniscus tear, an anterior cruciate ligament tear and a partial tear of the posterior cruciate ligament. Magnetic resonance imaging lumbar spine showed disc protrusion with facet hypertrophy. Current diagnoses included cervical spine disc protrusion, right rotator cuff tear, cubital tunnel syndrome, internal derangement of the knee, discogenic lumbar condition and chronic pain syndrome associated with sleep, depression and stress. Past medical history was significant for hypertension and diabetes mellitus. The treatment plan included requesting authorization for a back brace and knee brace, physical

therapy three times a week for four weeks and medications (Naproxen Sodium, Trazodone, Flexeril, Protonix, Tramadol and Neurontin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the right knee, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Physical Therapy.

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

Decision rationale: The patient presents with pain affecting the neck, right shoulder, low back, and right knee. The current request is for Physical Therapy for the right knee, 12 sessions. The treating physician report dated 7/27/15 (58B) states, "Please also kindly authorize physical therapy 12 sessions three times a week for four weeks for the right knee for strengthening." The report goes on to note that the patient was recently denied a request for right knee surgery (57B). MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the right knee. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.