

Case Number:	CM15-0037674		
Date Assigned:	03/06/2015	Date of Injury:	03/01/1999
Decision Date:	04/17/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/27/2015

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

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:

The injured worker is a 61-year-old female who sustained an industrial injury on March 1, 1999. She has reported back pain and has been diagnosed with lumbar disc protrusion with radiculopathy, chronic cervical pain with radicular complaints, and hypertension. Treatment has included medications and epidural injections. Currently the injured worker complains of low back and lower extremity symptoms increased with minimal activity. There were also complaints of the knees. The treatment plan included an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 2 weeks X 6 Weeks for the Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Knee & Leg.

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

Decision rationale: Per the 01/28/15 report by [REDACTED] the patient presents with constant right knee pain rated 6/10 with weakness, popping, swelling and giving out s/p surgery x 5 including s/p Right total knee replacement in July of 2013. The current request is for physical therapy x 2 times x 6 weeks for the right knee per the 02/09/15 RFA. Per the 02/05/15, report by [REDACTED]. the patient is Permanently Totally Disabled. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence in the reports provided for review that the patient is within a post-surgical treatment period. The 01/28/15 report states that the patient requires additional physical therapy to work on the quads and strengthening as the patient developed significant quad weakness following multiple surgeries; however, it is not clear how many sessions over what dates she has already received and whether this treatment helped the patient. This patient has multiple injuries treated by multiple physicians, and physical therapy treatment reports are provided; however, these are for treatment of other than the knee or unspecified body parts. In this case, the 12 sessions requested exceed what is allowed by the MTUS guidelines even when not combined with prior treatment sessions. Furthermore, no objective goals are stated for the quad strengthening requested and there is no discussion of why a home exercise program is inadequate. The request is not medically necessary.