

Case Number:	CM14-0101526		
Date Assigned:	07/30/2014	Date of Injury:	02/11/2000
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/01/2014

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 underlying date of injury in this case is 02/11/2000. The treating diagnoses include status post bilateral knee replacement, bilateral carpal tunnel syndrome, hypertension, and gastric reflux. A primary treating physician's PR-2 note of 03/19/2014 is handwritten with somewhat limited information. This form discusses the patient's recent elevated blood pressure and describes Hydralazine, Benicar, Bystolic, and Protonix. On 05/11/2014, an orthopedist's progress report notes that the patient had lumbar disc disease and had a history of bilateral knee replacements and increased lumbar spasms and ongoing knee pain. A treatment request was made for physical therapy to the lumbar spine and knees.

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 to Lumbar Spine and Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment.

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on physical medicine, page 99, recommends transition to

an independent active home rehabilitation program. The medical records at this time do not provide a rationale as to why the patient would require additional supervised therapy in the timeframe under review rather than independent home rehabilitation. This request is not supported by the treatment guidelines. Overall this request is not medically necessary.