

Case Number:	CM14-0117082		
Date Assigned:	08/04/2014	Date of Injury:	09/13/2004
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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, has a subspecialty in Pain Management 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 patient is a 57 year old with an injury date on 9/13/04. The patient complains of knee pain and lumbar pain, with pre-pain level at 6.5, and post-treatment pain level at 6 per 7/1/14 report. The 6 recent physical therapy sessions (unspecified body part) were "helpful in relaxing" per 7/1/14 report. Based on the 7/1/14 progress report provided by [REDACTED] the diagnoses are injury to knee, leg, or ankle; status postsurgical; myofascial pain; and lumbar discogenic syndrome. Most recent exam on 4/7/14 showed antalgic gait and decreased range of motion of lumbar spine. [REDACTED] is requesting physical therapy to left knee. The utilization review determination being challenged is dated 7/10/14 and denies request due to lack of exam findings for the knee. [REDACTED] is the requesting provider, and he provided treatment reports from 4/1/14 to 7/1/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to 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 Medicine Page(s): 98-99.

Decision rationale: This patient presents with knee pain and back pain. The provider has asked for physical therapy to left knee on 7/1/14. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. The 7/1/14 report shows patient recently had physical therapy to an unspecified body part, but previously on 4/17/14, provider requests physical therapy for the lumbar. In this case, a course of physical therapy would be indicated, as it does not appear patient had recent physical therapy to the left knee. However, the request for physical therapy does not specify the number of treatments. MTUS page 8 require that the provider keep track of the patient's progress and make appropriate recommendations. Due to a lack of specificity of the request, this request is not medically necessary.