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| Case Number: | CM14-0136721 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 03/14/2013 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/22/2014 |

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 Occupational Medicine 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:

This is a 45-year-old male with a 3/14/13 date of injury; the mechanism of the injury was not described. The patient was seen on 7/29/14 with complaints of constant 5/10 sharp knee pain aggravated by squatting, kneeling, walking and prolonged standing, associated with swelling and buckling. The patient also complained of constant sharp low back pain aggravated with physical activities and radiating into the lower extremities. Exam findings of the knee revealed tenderness in the joint line, positive patellar grind test, positive anterior drawer test and positive McMurray test. There was crepitus with painful range of motion and no clinical evidence of instability. The examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, restricted standing flexion and extension and normal strength and sensation. The diagnosis is lumbar discopathy, left knee internal derangement, right lateral epiocondylitis. Treatment to date: work restrictions, medication and physical therapy. An adverse determination was received on 8/13/14 given that the patient completed 20 of physical therapy (PT) sessions for the left knee and 12 sessions for the lumbar spine and there was limited documentation of measurable objective and functional improvements from the therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PT Visits for Left Knee and Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; physical medicine. Decision based on Non-MTUS Citation ODG - TWC Knee and Leg Procedure Summary last updated 06/05/14 ; physical medicine treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Physical Therapy Acupuncture Medical Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Pain, Suffering, and the Restoration of Function Chapter 6 (page 114).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The UR note dated 8/13/14 indicated that the patient accomplished 20 PT sessions for the left knee and 12 PT sessions for the lumbar spine. However, there is a lack of documentation with subjective and objective functional gains from the treatment. In addition, there is no rationale with regards to the additional sessions of PT with clear specified goals and it is not clear, why the patient cannot transition into an independent home exercise program. Therefore, the request for 12 PT visits for left knee and lumbar spine was not medically necessary.