

Case Number:	CM14-0143725		
Date Assigned:	09/12/2014	Date of Injury:	07/18/2012
Decision Date:	10/14/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	09/04/2014

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:

This is a 43-year-old female with a 7/18/12 date of injury. A specific mechanism of injury was not described. The only report provided for review was dated, 7/23/13. It is unclear if this was a typographical error and was meant to note 7/23/14 instead. According to this note, the patient complained of left knee pain and right posterior hip numbness. Objective findings: mild patellofemoral crepitus of left knee, limited flexibility of lumbar spine. Diagnostic impression: left knee discoid meniscus, medial condyle chondral flap; debrided. Treatment to date: medication management, activity modification, TENS unit, home exercise program. A UR decision dated 7/29/14 modified the request for 12 physical therapy sessions to 2 sessions due to persistent low back pain and exam that reveals decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy at 2 Times a Week for 6 Weeks for Lumbar Flexibility (SI Joint): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, this patient has a 2012 date of injury, and likely has had physical therapy previously. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. It is unclear how many sessions he has had previously. In addition, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for Physical Therapy at 2 times a week for 6 weeks for lumbar flexibility (SI joint) was not medically necessary.