

Case Number:	CM14-0148694		
Date Assigned:	09/18/2014	Date of Injury:	02/14/2013
Decision Date:	11/13/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/12/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 22 year old female who reported an injury on 02/14/2013. The mechanism of injury was not provided. Her diagnoses were bilateral knee pain and rule out internal derangement right knee and lumbar disc injury. Her past treatments include medication, physical therapy and home exercise. On 03/03/2014, the injured worker complained of low back pain at 6/10 and right knee pain at 5/10. Her lumbar range of motion was normal and her right knee exam revealed flexion of 80 degrees. On 06/18/2014, there was no change in her physical examination findings. Her physical examination on 07/24/2014, of the right knee exam demonstrated patellofemoral compression crepitus and pain with full range of motion. The examination of the lumbar spine revealed diffused tenderness with full range of motion. Her current medications were noted to be Tramadol 150mg and Protonix 20mg. The treatment plan was to continue physical therapy 3 times a week for 4 weeks for her right knee and the lumbar spine. The rationale for physical therapy 3x4 weeks for the right knee was to strengthen the quadriceps with isometric quad termination extension. The rationale for the lumbar spine therapy was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3x4 weeks for the right knee: Upheld

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

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

Decision rationale: The request for physical therapy 3x4 weeks for the right knee is not medically necessary. On 03/03/2014, the injured worker had demonstrated flexion of 80 degrees and positive McMurray's. Her physical examination on 07/24/2014 revealed full range of motion and a negative ligamentous exam. The number of previous physical therapy visits was not documented. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent on documentation of objective improvement. However, there was no documentation of functional gains or functional deficits that would indicate a reason for continued physical therapy or home exercise. The documentation provided indicated the right knee continued to demonstrate full range of motion and the MRI on 05/23/2014 revealed no evidence of internal derangement of the knee. Consequently, the request for continued physical therapy 3x4 weeks for the right knee is not medically necessary.

Physical therapy 3x4 weeks for lumbar spine: Upheld

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

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

Decision rationale: The request for physical therapy 3x4 weeks for lumbar spine is not medically necessary. On 03/03/2014, the injured worker rated her low back pain at 6/10 and demonstrated normal lumbar range of motion. Her physical examination on 07/24/2014 continued to reveal full range of motion with some diffused tenderness. The number of physical therapy visits the injured worker attended prior to this request was not documented. The California MTUS Guidelines state up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent on documentation of objective improvement. However, there was no documentation of functional gains or functional deficits that would indicate a reason for continued physical therapy or home exercise. The documentation provided indicated the lower back continued to demonstrate full range of motion and there were no diagnostic studies performed of the lower back to reveal any evidence of functional deficits. Consequently, the request for continued physical therapy 3x4 weeks for the lumbar spine is not medically necessary.