

Case Number:	CM14-0097169		
Date Assigned:	09/16/2014	Date of Injury:	12/05/2007
Decision Date:	10/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/25/2014

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 Internal 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:

The injured worker is a 61-year-old male with a reported date of injury on 12/05/2007. The mechanism of injury was a fall. The injured worker's diagnoses included lumbago, sprains and strains of the lumbar region, chondromalacia of the patellae, and strains and sprains of the knee and leg. The injured worker's past treatments included a brace and pain medication. There was no diagnostic testing provided in the notes. There was no surgical history noted in the records. The subjective complaints on 04/02/2014 included chronic left knee pain and lumbar spine pain. The physical examination noted there was tenderness observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Upon examination of the left knee, it was noted to have decreased flexion and extension, and patellar crepitus was noted. The medications were not noted in the records. The treatment plan was to order an MRI of the lumbar spine to make a final determination regarding surgery for the lumbar spine. The notes indicate that the surgery has already been approved. However, a final determination to proceed with the surgery has not yet been established. A request was received for physical therapy 3 times a week for 4 weeks for the left knee. The rationale for the request was postoperative physical therapy. The Request for Authorization Form was not submitted with the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three times a week for four weeks for the left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The request for physical therapy 3 times a week for 4 weeks for the left knee is not medically necessary. The California MTUS Guidelines Postsurgical Guidelines state that for sprains and strains of the knee or an ACL tear, up to 24 visits may be supported. The notes indicate that the injured worker had knee surgery approved; however, the physician is waiting on an MRI to decide whether he will proceed with the surgery. As there is no formal plan for surgery, the request does not meet the evidence based guidelines. As such, the request is not medically necessary.