

Case Number:	CM14-0099958		
Date Assigned:	09/12/2014	Date of Injury:	11/04/2013
Decision Date:	10/16/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 Nevada. 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 records presented for review indicate that this 42-year-old gentleman was reportedly injured on November 4, 2003. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated April 16, 2014, indicates that there are ongoing complaints of low back pain and bilateral knee pain. The physical examination demonstrated tenderness at the lateral joint lines of both knees. There was a positive patellar compression test with crepitus and a positive lateral McMurray's test. Bilateral knee range of motion was from 0 to 130. There was decreased lumbar spine range of motion with tenderness at the base of the lumbar spine. There was a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine showed a solid fusion at L5 - S1. Previous treatment includes bilateral knee arthroscopic surgery with a meniscectomy, a lumbar spine fusion, cortisone injections for the knees, physical therapy and a home exercise program. A request had been made for eight sessions of physical therapy twice week for four weeks for the lumbar spine and bilateral knees and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy 2 times a week for 4 weeks for the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 348-350, Chronic Pain Treatment Guidelines Chronic Pain, Physical Medicine Page(s): 98 -99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-338.

Decision rationale: According to the attach medical record the injured employee has had previous physical therapy for both the knees and a lumbar spine and has transitioned to a home exercise program. The most recent progress note dated April 16, 2014, indicates full range of motion of both the knees on the lumbar spine and good lower extremity strength. Considering this, it is unclear why there is a request for a repeat visit for physical therapy. Additionally, it is also unclear why the injured employee cannot continue on his existing home exercise program. For these reasons, this request for eight sessions of physical therapy for the lumbar spine and the bilateral knees is not medically necessary.