

Case Number:	CM15-0119916		
Date Assigned:	06/30/2015	Date of Injury:	05/15/2014
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70 year old male with an industrial injury dated 05/15/2014. The injured worker's diagnoses include lumbosacral spine musculoligamentous sprain/strain with radiculitis, lumbosacral spine disc protrusions with annular tear and stenosis, left knee sprain/strain and left knee meniscal tear. Treatment consisted of Magnetic Resonance Imaging (MRI) dated 12/22/2014 and 07/09/2014, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 04/23/2015, the injured worker reported pain in the lower back and left knee. The injured worker rated lower back pain a 3/10 and left knee pain a 2/10. Objective findings revealed tenderness to palpitation over the lumbar paraspinal muscles, restricted lumbar range of motion and positive bilateral straight leg raises, left greater than right. Left knee exam revealed tenderness to palpitation with a decrease since last visit. The treating physician prescribed services for physical therapy 3x a week for 4 weeks for the left knee now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x a week for 4 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The patient presents with pain affecting the low back and left knee. The current request is for Physical Therapy 3x week for 4 weeks for the left knee. The treating physician report dated 4/23/15 (7B) states, "The patient is to continue physical therapy of the lumbar spine and left knee" times a week for 4 weeks". The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The patient's status is not post-surgical. The medical report provided, show the patient has received prior physical therapy, although it is uncertain the quantity of sessions that were dedicated to the left knee. In this case, the patient has received an unknown number of visits of physical therapy to date and the current request of 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.