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| Case Number: | CM13-0016248 | | |
| Date Assigned: | 11/06/2013 | Date of Injury: | 08/09/2012 |
| Decision Date: | 04/10/2014 | UR Denial Date: | 08/13/2013 |
| Priority: | Standard | Application Received: | 08/26/2013 |

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 Occupational 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:

Psychiatry/pain management report dated 11/14/2013 documented the patient to have complaints of high grade pain especially in the low back and left knee. Objective findings on exam included examination of bilateral knees. Right: no effusion; full range of motion in flexion/extension; no valgus/varus deformity; no crepitus; no MCL/LCL instability; no tenderness over patella, patellar tendon, radial/lateral joint lines; normal patellar tracking; negative McMurray's, negative Lachman's; negative anterior/posterior drawer tests. Left: Wearing a brace; 15% decreased ROM in flexion/extension; no valgus/varus deformity; no crepitus; no MCL/LCL instability; tenderness over patella, patellar tendon, medial/lateral joint lines; normal patellar tracking; equivocal McMurray's; negative Lachman; negative anterior/posterior drawer tests. Examination of ankles: Right: no effusion; full ROM; negative anterior/posterior drawer tests; negative talar tilt. Left no effusion; full ROM; negative anterior/posterior drawer tests; negative talar tilt. Lumbar examination reveals normal lordosis; tenderness over the paralumbar extensors and facet joints; no tenderness over SI joints, gluteus medius, greater trochanters; ROM is still limited. Examination of the lower extremity neuro: 5/5 motor strength at major muscle groups bilaterally; sensation to light touch and pin wheel intact bilaterally, with exception still of dyesthesias at dorsum of both feet; reflexes 2/4 at knees and ankles bilaterally; SLR's positive bilaterally, ankle clonus absent bilaterally; Babinski reflex negative bilaterally. There is no submitted progress from the authorized physical therapy. Diagnoses: 1. Cervical strain. 2. Lumbosacral spine sprain/strain. 3. Clinical left greater than right lumbosacral radiculitis/radiculopathy. 4. Left knee arthritic flare. 5. Bilateral ankle sprains, right greater than left.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE LUMBAR SPINE, LEFT KNEE, AND LEFT ANKLE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION.

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

Decision rationale: This is a request for additional physical therapy for the lumbar spine, L knee, and L ankle for a 43 year-old female injured from a fall on 8/9/12. She has L knee DJD and lumbar DDD among other body part complaints, chronic pain, chronic opioid use, and depression. Physical therapy has apparently been previously completed for these body parts, yet there is no documentation of clear functional benefit. She continues to complain of severe pain. She is not working. There is no documentation of re-injury or objective flare-up of underlying pathology. Review of history and physical examination findings do not support additional physical therapy visits, which would likely be in excess of guideline recommendations for 8-12 visits over 8 weeks for chronic pain. She should be able to perform home exercises at this point. Medical necessity has not been established. Therefore, physical therapy is non-certified.