

Case Number:	CM13-0020726		
Date Assigned:	12/11/2013	Date of Injury:	01/26/2013
Decision Date:	02/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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 patient is a 27-year-old male who reported an injury on 01/26/2013. The mechanism of injury was a fall and resultant injuries were to his lumbar spine and right knee. The patient was initially issued a back support and right knee brace, an unknown duration of physical therapy, and naproxen. According to the clinical note dated 01/30/2013, the patient was overweight at time of injury. On this date, the patient was also issued prescription for Flexeril 10 mg and Norco 5/325, frequencies unspecified. On an early clinical note dated 03/22/2013, the patient was noted to have lumbar flexion of 35 degrees, extension of 10 degrees, and lateral flexion of 15 and 20 degrees. There was a positive straight leg raise bilaterally, swelling to the right knee, but full range of motion to the knee. At this time, the patient was diagnosed with thoracic spine strain, lumbar spine strain, and right knee sprain. On the note dated 04/29/2013, the patient is reported to have received 6 chiropractic treatments with improvement, and 6 more chiropractic sessions were requested along with 6 sessions of acupuncture. It is unclear whether the additional chiropractic treatments and acupuncture treatments were approved and there are no therapy notes included for review. MRI done 08/12/2013 of the lumbar spine found mild disc desiccation and height loss with a shallow broad based disc protrusion causing mild central canal stenosis at L4-5, and moderate disc desiccation and height loss with central disc protrusion and annular fissure with mild narrowing of the central canal at L5-S1. The most recent clinical note dated 08/19/2013 stated that the patient was complaining of intermittent moderate pain in his right knee and lower back. The patient also states a 25 pound weight gain since injury due to inactivity. There were no other clinical records available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 (Two times a week times four weeks) for lumbar and right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Therapy - Low Back.

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

Decision rationale: The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. For general myalgia and myositis as well as neuralgia and radiculitis, guidelines recommend 8 to 10 visits of physical therapy that may be extended with provision of objective documentation showing improved functional ability and decreased pain. The most recent clinical note failed to provide any objective evidence of a decreased range of motion, decreased strength, or decreased function. There were also no physical therapy notes included for review from the patient's prior sessions that were requested in 02/2013. As such, the efficacy of this treatment cannot be determined and the request for physical therapy 2 x 4 (2 times a week times 4 weeks) for lumbar and right knee is non-certified.

Orthopaedic consultation for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345.

Decision rationale: The California MTUS/ACOEM Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than one month; and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The clinical notes submitted for review have clearly documented the patient's knee complaints since the initial injury in 01/2013. However, there is a lack of objective findings indicating strength and/or range of motion deficits. As such, the decision for orthopedic consultation for right knee is non-certified.

Formal weight loss program with 25 pound weight loss goal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: The California MTUS Guidelines recommend exercise for aerobic conditioning and strengthening; however, there is no sufficient evidence to support the

recommendation of any particular program over any other program. Guidelines state that progressive walking, simple strength training, and stretching improved functional status. The current request did not provide any specific in relation to what kind of formal weight loss program was desired. As such, there is no indication for the need of a formal program, and it is appropriate to expect the patient to perform a self-directed home exercise program for weight loss. As such, the request for formal weight loss program with 25 pound weight loss goal is non-certified.