

Case Number:	CM13-0030982		
Date Assigned:	03/17/2014	Date of Injury:	06/15/2011
Decision Date:	05/08/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine and Rehabilitation 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 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 57-year-old male who reported an injury on 06/15/2011. The mechanism of injury was a fall. The injured worker underwent an arthroscopic partial medial meniscal repair on 04/03/2013 and as treatment received 12 sessions of postoperative physical therapy. The documentation of 08/12/2013 revealed the injured worker had lumbar spine pain. The lumbar spine was not improving. It was indicated the injured worker was last evaluated for lumbar spine pain 11/14/2012. The physical examination of the cervical spine revealed moderate pain with active range of motion that was decreased and paraspinal spasms along with paravertebral muscle spasms. The cervical distraction, maximal foraminal compression, and shoulder compression tests were positive. The examination of the thoracolumbar spine revealed decreased range of motion with moderate pain and positive leg raise bilaterally. The injured worker had a positive Braggard's test, Patrick-Fabere test, iliac compression test, and a Kemp's test bilaterally. The Apley scratch test was positive on the left. The diagnosis was postop left knee arthroscopic surgery. The request was made for physical therapy for the left knee, and the submitted request was for physical therapy 2 times a week x6 weeks for the cervical/lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2XWK X 6WKS CERVICAL/LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: California MTUS Guidelines recommend physical medicine treatment with a maximum of 9 to 10 visits for myalgia and myositis. There was a lack of documentation indicating prior treatments that had been received for the lumbar spine and the injured workers response to those treatments. There was a lack of documentation of objective functional deficits and objective findings to support the necessity for treatment. Given the above the request for physical therapy 2 times a week x6 weeks for the cervical/lumbar is not medically necessary.