

Case Number:	CM13-0032018		
Date Assigned:	12/04/2013	Date of Injury:	08/31/2007
Decision Date:	02/18/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Practice 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 57-year-old male who reported an injury on 08/31/2007, after restraining a worker, which caused injury to his low back, right knee, and neck. The patient underwent total knee arthroplasty of the right knee followed by postsurgical management. The patient's lumbar pain developed into chronic pain, which was managed by medications and physical therapy. The patient's most recent clinical evaluation revealed restricted range of motion of the lumbar spine secondary to pain, a positive bilateral straight leg raising test, and slight tenderness to the lumbar paravertebral muscles. The patient's diagnoses included status post total right knee arthroplasty and lumbar spondylosis. The patient's treatment plan included additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) physical therapy sessions; two (2) times a week for four (4) weeks: Upheld

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

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

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient previously received physical therapy. The Chronic Pain Guidelines recommend that

patients be transitioned into a home exercise program to assist with maintaining improvement levels obtained during skilled supervised therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although a short course of physical therapy would be supported to reestablish and re-educate the patient on a home exercise program, the requested eight (8) physical therapy sessions is considered excessive. The clinical documentation submitted for review does not provide any evidence of exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested eight (8) physical therapy sessions; two (2) times a week for four (4) weeks is not medically necessary or appropriate.