

Case Number:	CM13-0040148		
Date Assigned:	12/20/2013	Date of Injury:	10/08/2012
Decision Date:	03/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, 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 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 59-year-old female who reported an injury on 10/08/2012. The mechanism of injury was not provided for review. The patient's most recent clinical evaluation documented that the patient had ongoing low back and bilateral knee pain. The patient's pain was rated at a 6/10 and exacerbated by repetitive movements. Physical findings included restricted range of motion of the left knee, right knee, and lumbar spine with reduced motor strength rated at a 4/5 of the bilateral lower extremities and tenderness to palpation along the medial and lateral joint lines of the bilateral knees. The patient's diagnoses included lumbar disc degeneration, sacroiliitis, a knee strain, and pes anserinus bursitis. The patient's treatment plan included a Functional Capacity Evaluation, an evaluation for a functional restoration program, continued physical therapy, and continued acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy two (2) times a week for six (6) weeks for the lumbar & knees:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The requested continued physical therapy 2 times 6 for the lumbar/knees is not medically necessary or appropriate. Due to the age of the injury it would be expected that the patient had previously participated in physical therapy. However, the clinical documentation makes no mention of prior therapy or the efficacy of that therapy. Additionally, there is no documentation that the patient is participating in a home exercise program. Therefore, a trial of 6 visits may be appropriate for this patient in the absence of information about prior conservative treatments. The California Medical Treatment Utilization Schedule does recommend physical therapy to address weakness, pain, and range of motion deficits. The clinical documentation submitted for review does support that the patient has deficits that would benefit from active therapy. However, the requested 12 visits are in excess of the 6 visit clinical trial. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested physical therapy 2 times 6 for the lumbar/knees is not medically necessary or appropriate.

Acupuncture sessions two (2) times a week for five (5) weeks for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The requested acupuncture sessions 2 times 5 for the lumbar spine are not medically necessary or appropriate. The clinical documentation submitted for review does not indicate if the patient has previously received any acupuncture treatment. The California Medical Treatment Utilization Schedule does recommend acupuncture treatment as an adjunct therapy to a functional restoration program. However, as there is no prior documentation of this treatment modality and the efficacy of any prior treatments, a 6 visit clinical trial would be supported by the California Medical Treatment Utilization Schedule. The requested 10 sessions exceeds this recommendation. The clinical documentation submitted for review does not provide any exceptional factors that would support extending treatment beyond guideline recommendations. As such, the requested acupuncture sessions 2 times 5 of the lumbar spine is not medically necessary or appropriate.