

Case Number:	CM13-0042426		
Date Assigned:	12/27/2013	Date of Injury:	04/18/2012
Decision Date:	03/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/17/2013

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 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 46-year-old male who reported an injury on 4/18/12. The mechanism of injury was stated to be blunt trauma. The patient underwent 18 sessions of physical therapy for the right knee. He had activity restrictions including bending at the waist, and sitting or standing for more than 15 minutes. The patient was noted to have foot drop after prolong sitting, bilaterally. The patient was noted to have weakness with pain and a positive straight leg raise. The physician indicated that the patient should have diagnostic imaging to rule out a proximal nerve lesion as well as a medication adjustment so the patient could tolerate physical therapy. The patient's diagnoses include lumbago (other), unspecified disc disorder of the lumbar region, and degenerative lumbar/lumbosacral intervertebral disc

IMR ISSUES, DECISIONS AND RATIONALES

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

for physical therapy 2-3 times a week for six weeks for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment. It is directed at controlling

symptoms such as pain, inflammation and swelling, and can improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis; 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The patient was noted to have prior therapy for the knee. There was a lack of documentation indicating that a proximal nerve lesion had been ruled out so the patient could be cleared to start therapy. The clinical documentation submitted for review indicated the request was for 12 to 18 sessions of physical therapy, and there was a lack of documentation indicating the necessity for exceeding guideline recommendations. Given the above, the request is not medically necessary.