

Case Number:	CM13-0047091		
Date Assigned:	06/13/2014	Date of Injury:	11/25/2010
Decision Date:	07/31/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 55-year-old male who reported an injury on 11/25/2010 when he tripped and fell. The injured worker hit his left knee as he fell to the ground. The agreed medical evaluation dated 07/22/2011 reported that the injured worker felt severe left knee pain and lumbosacral spine pain. The pain to the lumbar spine was in the midline and radiated to the right and left of the midline. There was intermittent radiation of pain in both lower limbs. The injured worker complained about a cramping sensation, numbness and tingling and weakness in his lower extremities to the bilateral feet. The injured worker's stated that his pain level is a 9/10 for the lumbosacral spine. The exam of the lumbosacral spine revealed that Trendelenburg's test, Patrick's Fabere test, and Gaenslen's sign were negative bilaterally. Forward flexion was 51 degrees active and 51 degrees passive. Extension was 20 degrees, right lateral bending was 22 degrees and the left lateral bending was 22 degrees. There was pain at the extremes with forward flexion and extension. In the supine position, the straight leg raise exam was positive at 70 degrees on the right, causing pain in the lower back region with radiation into the buttocks. It was also positive at 75 degrees on the left, causing pain in the lower back region with radiation into the buttocks. In the sitting position, the straight leg raise exam was positive at 90 degrees bilaterally, causing pain in the lower back region with radiation into the respective buttocks. The Lasgue's test was negative bilaterally. On examination of the left knee, there was medial and lateral-sided tenderness to palpation above the left knee. The anterior drawer test, Lachman test, and posterior drawer test were positive, and McMurray's test, Apley's test, pivot shift test, and Slocum test were negative. Range of motion of the knees was within normal limits, but the injured worker complained of pain on extremities of flexion and extension of the left knee. A lumbosacral spine x-ray on 07/22/2011 revealed disc space narrowing at L5-S1 with scattered hypertrophic spurring throughout. The x-ray of the left knee on 07/22/2011 showed no fractures

and no soft tissue calcification or bony abnormalities. The diagnoses are lumbosacral sciatic syndrome and left knee sprain/anterior and posterior cruciate ligament tears. There was a positive MRI study completed on 03/18/2011 of the lumbosacral spine. There was an MRI of the left knee on 03/18/2011. The MRI of the left knee showed tears of the anterior and posterior cruciate ligaments and a tear of the medial meniscus as well as a joint effusion. Prior treatments included medications, home exercises and conservative care. Medications included Norco, Voltaren, and Zanaflex. The treatment request was for 12 sessions physical therapy. The request for authorization form and rationale were not submitted within the documentation provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Physical Therapy (PT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The request for 12 sessions of PT is not medically necessary. The injured worker has a history of lumbosacral spine pain and left knee pain. The California MTUS Guidelines recommend PT for 8 to 10 visits. The guidelines suggest that PT can provide short-term relief during the early phases of pain treatment and is directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The range of motion values are within normal limits. There is lack of documentation as to the number of PT sessions already received and if there was any improvement in functional deficits to support additional sessions. There is no body part requested for the 12 sessions of PT. As such, the request for 12 sessions of PT is not medically necessary.