

Case Number:	CM13-0047867		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2012
Decision Date:	05/22/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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, has a subspecialty in Interventional Spine, 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 patient is a 34 year old male with date of injury 5/14/12. The treating physician report dated 9/9/13 indicates that the patient presents with chronic headache and upper and lower back pain with radicular symptoms to his lower extremities. The current diagnoses are: 1. Chronic upper and lower back pain 2. Bilateral sciatica 3. Lumbar DDD 4. Post concussive syndrome with residual headaches and right-sided hearing loss. The utilization review report dated 10/8/13 denied the request for 6 physical therapy visits based on the rationale that the patient needed to complete the approved electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PHYSICAL THERAPY SESSIONS IN AN OUTPATIENT SETTING: Upheld

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

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

Decision rationale: The patient presents with headaches, thoracic and lumbar pain with bilateral radicular pain. The current request is for 6 physical therapy sessions. In reviewing the treating

physician report he notes, "The patient reports that recently he had kneeled at home and noticed that his right knee was hurting when he did so. He had injured his right knee in the initial injury although the condition seemed to improve and resolve. He had not really challenged his knee very much since that time." The examination revealed, "The patient has no tenderness noted about the right knee. There is slight crepitus noted on active ranging. Patellofemoral grind testing is negative. Range of motion in the right knee is within normal limits. McMurray's testing is negative." The treating physician notes in his plan, "I will request six sessions of physical therapy regarding the patient's right knee as well." The MTUS guidelines indicate that PT is "Recommended as indicated below: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." The treating physician in this case has documented that the patient has essentially a normal knee examination. The only examination finding noted was slight crepitus and there was no documentation of any pain currently affecting the knee. There is no documentation to support that the patient requires physical therapy to treat pain, inflammation or swelling. Recommendation is for denial. The 6 physical therapy sessions are not medically necessary and appropriate.