

Case Number:	CM13-0051887		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2011
Decision Date:	04/03/2014	UR Denial Date:	10/03/2013
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, 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 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 42-year-old male with a date of injury of 04/11/2011. The listed diagnoses per [REDACTED] dated 09/19/2013 are: (1) Lumbar strain, (2) Bilateral knee internal derangement, status post left knee arthroscopic repair. Review of progress reports dated from 03/05/2013 to 09/19/2013 does not indicate the date of patient's left knee arthroscopic repair. According to report dated 09/19/2013 by [REDACTED], the patient presents with continued back pain. Patient states that simple movements cause hip pain. He often feels numbness and tingling into his left lower extremity. Examination of the lumbar spine showed paravertebral muscle tenderness with spasm present. Range of motion was noted to be restricted. Straight leg raising test is positive on the left. Examination of the knees showed well-healed arthroscopic portal hole about the left knee. Bilateral MCLs are tender to palpation and McMurray's test was noted as positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for additional physical therapy three (3) times a week for four (4) weeks for the back and bilateral lower extremities: Upheld

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

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

Decision rationale: This patient presents with continued back pain. The treating physician is requesting additional 12 physical therapy sessions for the back and bilateral lower extremities. Unfortunately, the medical file provided for review dating from 03/05/2013 to 09/19/2013 has no indication of when patient's knee surgery was. However, given that report dated 06/20/2013 states patient's knee exam revealed well-healed incision, it would appear surgery was prior to that date. Prior reports do not mention when knee surgery was. Given that the treating physician does not indicate that this is for post-operative therapy of the knee, but therapy for low back and bilateral knees, presumably for pain, Post surgical guidelines for physical medicine are not used. For physical therapy medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis and neuralgia type symptoms, 9 to 10 visits over 8 weeks. There are no physical therapy reports provided for review, so it is unclear as to when the patient received his last course of physical therapy. The requested 12 sessions exceeds what is recommended by MTUS Guidelines. Therefore, recommendation is for denial.

request for Ketoprofen 75 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with continued back pain with numbness and tingling into his left lower extremity. The treating physician is requesting Ketoprofen 75 mg #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatory are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS further states on page 60 that for medications for chronic pain, pain assessment and functional level should be documented as related to medication use. In this case, the treating physician does not discuss at any time the efficacy of using NSAIDs. The requested Ketoprofen is not medically necessary and recommendation is for denial.