

Case Number:	CM13-0052002		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2012
Decision Date:	05/22/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/16/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 59-year-old male with a 6/22/12 date of injury. At the time of request for authorization for physical therapy 3xwk x 4 wks left knee and low back, there is documentation of subjective findings of pain in the low back and mid back, spasms to the low back and mid back, radiating numbness and pain and objective findings of left knee tenderness over the medial and lateral joint line, positive McMurray test and Apley test, decreased range of motion; low back tenderness, limited range of motion, spasms, positive straight leg raise and 4/5 muscle strength flexors, extensors, lateral benders, and axial rotators. The current diagnoses are disc disorder lumbar spine, lumbago, lumbar sprain, enthesopathy of hip, meniscus tear, left knee, and chondromalacia patella. The treatment to date is medications and PT. The number of physical therapy visits provided to date cannot be determined. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3XWK X 4WKS LEFT KNEE AND LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of lumbar sprain and strain not to exceed 10 visits over 8 weeks and with diagnosis of derangement of meniscus and chondromalacia patella 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of disc disorder lumbar spine, lumbago, lumbar sprain, enthesopathy of hip, meniscus tear, left knee, and chondromalacia patella. In addition, there is documentaiton of functional deficits and functonal goals. Furthermore, there is documentaiton of previous physical therapy. However, there is no documentation of the number of physical therapy visits completed to date. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Furthermore, given that the request is for physical therapy 3xwk x 4 wks left knee and low back, there is no documentation of a statement of exceptional factors to justify going outside of guideline parameters. Therefore, based on guidelines and a review of the evidence, the request for physical therapy 3xwk x 4 wks left knee and low back is not medically necessary.