

Case Number:	CM13-0054696		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2010
Decision Date:	03/14/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/19/2013

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 & 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 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 44 year old male with date of injury 04/16/10. The listed diagnoses per D [REDACTED] dated 11/08/13 are: 1. Lumbar radiculopathy 2. Right ankle pain 3. Right carpal tunnel syndrome 4. Right knee pain 5. Headaches 6. Anxiety and depression 7. Iatrogenic opioid dependency 8. Chronic pain, other 9. Status post right trigger finger release 10. Status post head trauma with central nervous system residual 11. Status post right angle arthroscopy, 03/2013 According to progress report dated 11/08/13 by [REDACTED], the patient complains of neck pain radiating bilaterally into the upper extremities, low back pain radiating into the left lower extremities, upper extremity pain bilaterally in the hands, shoulder and wrists, lower extremity pain bilaterally in the knee and ankles. The patient rates his pain at 2/10 with medications and 8/10 without. Pain increases with activities such as walking. The patient reports worsening pain since his last visit. Objective findings showed antalgic and slow gait, tenderness upon palpation at L4-S1 levels, moderately limited ROM of L-spine due to pain, tenderness in the right knee and ankle, mild swelling with painful ROM of right knee. The treater is requesting 8 additional physical therapy for the lumbar spine, left knee and right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for L/S, LT knee, RT knee: Upheld

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

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

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic neck, back, lower and upper extremity pain. The patient is status post right ankle arthroscopy, 03/18/13. Reports show that the patient has had multiple surgeries to his upper and lower extremities over the last 4 years. The current request is for 8 additional physical therapy sessions to presumably address the patient's lumbar spine, bilateral knees and the ankle. Reports show that the patient was authorized for a total 20 physical therapy treatments from 04/16/13 to 08/05/13. Unfortunately, therapy reports were not available to verify how much treatment and with what results were accomplished. Utilization review dated 11/15/13 denied the request stating that the patient has received adequate courses of physical therapy and at this point he should be educated in the use of a self-directed home exercise program. In this case, post-operative physical therapy MTUS guidelines do not apply as the request appears to be outside 4-6 months of post-operative time-frame from ankle arthroscopic surgery. The request appears to be to address the patient's generalized pain condition as well. MTUS guidelines p98, 99 for Physical Medicine recommends 8-10 visits for Myalgia, myositis and neuralgia type symptoms. It is not known what additional therapy will accomplish for this patient who has already had plenty of therapy in the recent past, 20 sessions or so according to the reports. The treater does not provide any specific rationale as to why additional therapy is being requested. The request for 8 additional visits combined with the previous 20 exceeds MTUS recommendations. Therefore, recommendation is for denial.