

Case Number:	CM13-0058806		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2010
Decision Date:	03/21/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/27/2013

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 reported a date of injury of 4/09/10. Mechanism of injury was a slip and fall with diagnoses of lumbar sprain and right knee sprain. The patient has had extensive prior treatment, including physical therapy (PT), chiropractic, epidural steroid injections (ESI), Trepenoma pallidum immobilization (TPI), medications, facet injections and medial branch blocks. MRI from 8/16/13 shows a disc protrusion at L5-S1 that encroaches on the L5 nerve root. MRI of the hip shows degenerative findings. MRI of the knee shows degenerative changes, including a medial meniscus degenerative tear. Most recent report on 11/11/13 note appears to state that the PT with weight loss has been recommended/requested. No objective findings or documented. Diagnoses are listed as ICD-9 codes 847.2, 844.9, and 388.29. There is no discussion of PT to date, no explanation of why PT is being done at this juncture, nearly 4 years from the date of injury. This was submitted to Utilization Review on 11/15/13. Given the lack of clear justification for PT at this juncture, additional PT was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for physical therapy to the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Knee, Physical medicine treatment

Decision rationale: Guidelines recommend up to 9 sessions of PT for the knee diagnosis, and 8-12 sessions of PT for the lumbar diagnosis. This patient has an injury from 4/09/10. He has had extensive prior conservative care measures, and returns to clinic on 11/11/13 with no clear documented reason for re-initiating PT and with no objective exam abnormalities recorded. For this IMR, the frequency and duration is not outlined (total number of sessions requested is not clear). There is no clear clinical justification for additional skilled therapy at this juncture versus doing a home exercise program (HEP). Medical necessity is not established for Physical Therapy