

Case Number:	CM13-0062251		
Date Assigned:	12/30/2013	Date of Injury:	04/03/2009
Decision Date:	04/07/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Family Practice and is licensed to practice in Texas. 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 63-year-old male who sustained an unspecified injury on 04/03/2009. The patient was evaluated on 12/26/2013 for low back and bilateral knee pain. Documentation submitted for review indicated the patient underwent an MRI on 08/07/2009 for the right knee, MRI of the lumbar spine on 01/28/2011, an EMG on 07/18/2011, and an MRI of the lumbar spine on 10/21/2011. The documentation additionally noted the patient underwent a right transforaminal lumbar epidural steroid injection at the L4-5 level on 03/01/2011 and 02/05/2013. The patient was noted to have a medial branch block at the L3-L5 levels on 10/30/2012. Upon evaluation on 12/26/2013, it was noted the patient stated his low back pain was radiating down the lateral aspect of his leg to the medial aspect of his knee. The patient stated previous sessions of physical therapy had resulted in pain relief. The documentation noted the patient wanted to return to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times per week for 6 weeks for LS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter

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

Decision rationale: The request for physical therapy, 2 times per week for 6 weeks of the lumbar spine is non-certified. The documentation submitted for review indicated the patient had functional limitations to the lumbar spine region due to pain. However, the documentation submitted for review indicated the patient had previously participated in physical therapy and the outcome of said therapy was not submitted for review. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The guidelines further state, patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The documentation submitted for review did not indicate the patient had kept up a home exercise program to maintain his progress from previous physical therapy. Furthermore, there were no objective findings of functional improvement as a result of previous sessions of physical therapy. Given the information submitted for review, the request for physical therapy, 2 times per week for 6 weeks for lumbar spine is non-certified.