

Case Number:	CM13-0064387		
Date Assigned:	03/26/2014	Date of Injury:	08/28/2013
Decision Date:	07/14/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/11/2013

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:

The patient is a 44-year-old who has submitted a claim for spinal contusion and sprain/strain rule out herniated disc, and bilateral knee internal derangement; status post left wrist fracture; associated from an industrial injury date of August 29, 2013. Medical records from July 25, 2013 to March 7, 2014 were reviewed and showed that patient complained of periodic flare-ups of her back and knee pain. She reports improvement after her cortisone injection. She claims that AppTrim and Ambien are helping, and that she does not get any benefit from hydrocodone. Physical examination showed tenderness in the paralumbar musculature. Range of motion of the midline lumbar spine is reduced. There is paraspinous spasm. Motor testing is normal. Sensation is intact. Treatment to date has included AppTrim, Ambien, ibuprofen, Flexeril, zolpidem, omeprazole, Vicodin, and steroid injections. Utilization review, dated December 5, 2013, modified the request for twelve sessions of physical therapy to the bilateral knees into 6 sessions of physical therapy. The reason for this modification was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE BILATERAL KNEES, TWICE WEEKLY FOR SIX WEEKS: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, physical therapy is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. For myalgia and myositis, nine to ten visits over eight weeks are recommended. In this case, the patient complains of periodic flare-ups of her back and knee pain. She has had no previous physical therapy sessions, and has been treated conservatively with NSAIDs (non-steroidal anti-inflammatory drugs), opioids, muscle relaxants, and steroid injection. Physical therapy appears appropriate for this patient, however, the present request exceeds the abovementioned recommended number of physical therapy sessions. The request for physical therapy for the bilateral knees, twice weekly for six weeks, is not medically necessary or appropriate.