

Case Number:	CM13-0066217		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2012
Decision Date:	05/23/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and 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 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 injured worker is a 57-year-old female who reported an injury on 08/21/2012 due to a slip and fall that reportedly caused injury to the bilateral knees and low back. The injured worker's treatment history included physical therapy for the neck and low back and medications. The injured worker was evaluated on 10/01/2013 for ongoing bilateral knee pain complaints and low back pain complaints. Physical examination of the lumbar spine documented restricted range of motion secondary to pain with tenderness to palpation and spasming in the paraspinal musculature. The injured worker had disturbed sensation in the L5 and S1 dermatomes bilaterally, weakness in the big toe dorsiflexors and big plantar flexor bilaterally. The injured worker had facet joint tenderness at the L3, L4 and L5 levels bilaterally. Evaluation of the bilateral knees documented restricted range of motion with a positive McMurray's sign bilaterally and medial joint line tenderness bilaterally. The injured worker's diagnoses included lumbar spine sprain/strain, right knee sprain/strain, left knee sprain/strain, right foot sprain/strain, and symptoms of anxiety and depression. The injured worker's treatment plan included continuation of medications, additional physical therapy for the lumbar spine, and initiation of physical therapy for the bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY LUMBAR SPINE 2 X6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG LOW BACK (UPDATED 10/9/13) PHYSICAL THERAPY (PT).

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

Decision rationale: The requested additional physical therapy for the lumbar spine 2 x 6 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that injured workers be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does indicate that the injured worker has previously participated in physical therapy for the lumbar spine. However, the injured worker's most current documentation does not provide any evidence that the injured worker is participating in a home exercise program. Therefore, 1 to 2 visits of physical therapy to reassess and re-education the injured worker with an independent exercise program would be appropriate. However, the requested additional 12 visits would be considered excessive. As such, the requested additional physical therapy for the lumbar spine 2x6 is not medically necessary or appropriate.

INITIAL PHYSICAL THERAPY BILATERAL KNEES 2X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation ODG KNEE AND LEG (UPDATED 11/26/13), PHYSICAL MEDICINE TREATMENT.

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

Decision rationale: The requested initial physical therapy of the bilateral knees 2 x 6 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has physical deficits and pain complaints that would benefit from an initial course of physical therapy. However, California Medical Treatment Utilization Schedule recommends up to 8 to 10 visits of physical therapy for myalgia, neuritis, and radiculitis. The requested 12 visits exceed this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendation. As such, the requested initial physical therapy of the bilateral knees 2 x 6 is not medically necessary or appropriate.