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| Case Number: | CM13-0070201 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 05/08/2012 |
| Decision Date: | 05/30/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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 female with date of injury 5/6/12. The injured worker complains of right knee pain 3/10 aggravated by driving; and low back pain 5/10 radiating to the right leg. She complains of numbness and tingling of the leg, as well as weakness of the leg. Per 10/10/13 progress report, objective findings included positive Yeoman's, positive Erichson's, positive patricks Fabere, decreased sensation right L5 dermatome. She is diagnosed with L5 radiculopathy; L4-L5, L5-S1 disc protrusions; and patellofemoral malalignment. MRI of the lumbar spine dated 5/21/13 revealed 3.2mm disc bulges/protrusions at L4-L5 and L5-S1 with mild bilateral foraminal narrowing at both levels. MRI of the right knee dated 5/21/13 was negative for any tearing of the medial or lateral menisci; collateral ligaments and the anterior cruciate ligament and PCL. Mild effusion was present in the patellofemoral and suprapatellar bursa. She has been treated with physical therapy, home exercise program, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) SESSIONS OF CONTINUED PHYSICAL THERAPY, TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE LOW BACK: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend that physical therapy be allowed to fade in treatment frequency, while transitioning to active self-direct home physical therapy. The guidelines recommend 9-10 supervised visits for myalgia and myositis. The records submitted for review state that the patient has had at least 7-8 visits of physical therapy and note that they helped pain in her low back and right knee. However, the documentation submitted for review does not contain evidence of functional improvement from this course of physical therapy. Therefore, further physical therapy cannot be recommended. The request is not medically necessary.