

Case Number:	CM13-0070263		
Date Assigned:	01/08/2014	Date of Injury:	11/15/2012
Decision Date:	07/30/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 & 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 53-year-old male who reported an injury on 11/15/2012 due to a slip and fall. On 09/04/2013, the injured worker presented with intermittent low back pain traveling to the bilateral lower extremities and mid-calf posteriorly, associated with weakness, numbness, and tingling. Prior therapy included physiotherapy, acupuncture, shockwave therapy, the use of a brace, and medications. Upon examination of the lumbar spine, L3-4, L4-5, and L5-S1 revealed paraspinal tenderness to palpation, muscle guarding and spasms bilaterally. There was a positive bilateral straight leg raise, and the range of motion values for the bilateral spine were 25 degrees of flexion, 0 degrees of extension, 10 degrees of lateral bending, and 25 degrees of rotation. The diagnoses were lumbago, myalgia, and hemangioma at L4. The provider recommended physiotherapy for the left knee. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY FOR THE LEFT KNEE: Upheld

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

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

Decision rationale: The request for physiotherapy for the left knee is not medically necessary. The California MTUS states active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physiotherapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physiotherapy, as well as the efficacy of the prior therapy. Additionally, the amount of physiotherapy visits that have already been completed for the left knee was not provided. There were no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request did not indicate the amount of physiotherapy visits, as well as the frequency of the requested visits. As such, the request is not medically necessary.