

Case Number:	CM14-0003808		
Date Assigned:	04/25/2014	Date of Injury:	06/08/2012
Decision Date:	05/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopedic Surgery, 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:

This 45-year-old male carpenter sustained an accepted industrial injury on 6/8/12 when he fell 15 feet off a truss, landing on concrete. X-rays showed a fracture of the radius and ulna, which was casted. Additional injuries involved the left shoulder, left wrist, left knee, and cervical, thoracic, and lumbar spine. He underwent left knee arthroscopy in January 1/24/13. Past medical history was positive for lumbar decompression 15 years ago for severe sciatica. The 8/1/12 lumbar MRI findings documented degenerative changes with congenital stenosis L2/3 and L3/4, moderate diffuse posterior L3/4 disc bulge with some mild/moderate stenosis, and small annular fissure right of midline at L5/S1 adjacent to the transiting nerve root. The 7/12/12 thoracic MRI documented minimal spondylitic changes. The 7/12/12 cervical MRI revealed right paraspinal central C5/6 disc bulge C5/6 narrowing the bilateral neuroforamen, right greater than left. Records indicated that 24 physical therapy visits were previously authorized for the left knee and 14 visits for the lumbar spine. The 11/16/13 progress report cited chief complaint of back pain radiating to the right posterolateral leg, with numbness and tingling. The patient had not been able to return to work or meaningful activity since 6/8/12. The patient was attending physical therapy and pool therapy, and completed 6 visits. Compliance to home exercise program was documented. Treatment had included two epidural steroid injections, anti-inflammatories, and narcotic medications. Physical exam findings documented stable steady gait, intact heel/toe walk, lumbar pain worsened with extension, good flexion, L5/S1 dysesthesias, negative straight leg raise, and subtle weakness right dorsiflexion and EHL. The impression was persistent and severe axial back pain with radiating posterolateral leg pain, recalcitrant to conservative treatment. A repeat lumbar MRI was requested to evaluate for surgical consideration. The 11/25/13 handwritten progress report cited continued multiple complaints, including the cervical, thoracic, and lumbar spine, and bilateral knee pain. There was no change in the spinal exam since last

visit. Remainder was mostly illegible. Physical therapy was requested 2x3 for cervical, thoracic, and lumbar chronic pain, and left knee, status post arthroscopy. The 12/3/13 utilization review recommended denied of additional physical therapy as there was no lasting improvement with prior treatment, and no documented functional improvement with the most recent care. The 1/6/14 progress report noted subjective and objective complaints essentially unchanged. The patient was advised to pursue an AME for further physical therapy that had been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X PER WEEK FOR 3 WEEKS ON CERVICAL, THORACIC AND LUMBAR SPINE AND LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Page(s): 99. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 5/14/13) Physical Therapy (PT), ODG Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 10/09/13), Physical Therapy (PT), and ODG Knee & Leg (updated 11/21/13) Physical Therapy (PT).

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

Decision rationale: Under consideration is a request for physical therapy 2x3 for the cervical, thoracic, and lumbar spine, and left knee. The California MTUS guidelines recommend physical therapy for chronic pain focused on the goal of functional restoration, rather than merely the elimination of pain. Passive therapy may be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. In general, guidelines recommend 8 to 10 visits for the treatment of radiculitis. Guidelines criteria have not been met. There is no documentation that the patient experienced functional improvement with physical therapy to date. Physical therapy was provided for 6 visits with no change noted in the subjective or objective exam findings or functional presentation. Surgical consideration is documented. Continued physical medicine treatment is not supported in the absence of documented functional improvement, defined as a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment. The medical necessity of additional supervised physical therapy versus continued home exercise was not documented. Therefore, this request for physical therapy 2x3 for the cervical, thoracic, and lumbar spine, and left knee is not medically necessary.