

Case Number:	CM14-0005475		
Date Assigned:	01/24/2014	Date of Injury:	06/15/2012
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 42-year-old female who has submitted a claim for lumbar pain and left knee pain, associated with an industrial injury date of June 15, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/17/2014, showed flare-ups of her low back pain with attempted increase in activity. Physical examination of the lumbar spine revealed tenderness of paravertebral muscles. There was limited range of motion with associated increased in pain. Left knee showed limited range of motion with mild patellofemoral irritability. Treatment to date has included left knee arthroscopic patellar chondroplasty and partial synovectomy (10/01/2013), physical therapy of lumbar spine 20 sessions done (3/28/13), physical therapy of left knee 12 sessions done (10/24/13), TENS (Transcutaneous Electric Nerve Stimulation), and medications. Utilization review from 12/25/2013 denied the request for physical therapy of 12 sessions to the lumbar spine because there was no clear functional improvement with the provided therapy. The 12 sessions for the left knee was denied also because there was no documentation of functional improvement which continuation of therapy would not appear to gain benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 SESSIONS TO LUMBAR SPINE & LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: PHYSICAL MEDICINE, , 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <9792.24.2>, Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended 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. In this case, patient already completed 20 sessions of physical therapy to the lumbar spine. A progress report, dated 03/28/2013, cited that the physical therapy had no functional benefits because of the persistence of her lumbar pain and limited range of motion. In addition, CA MTUS Postsurgical Treatment Guidelines recommend physical therapy for 12 visits over 12 weeks as post-operative treatment for knee arthroscopy. In this case, patient underwent left knee arthroscopic patellar chondroplasty and partial synovectomy on 10/01/2013. She completed 12 sessions of physical therapy post-operatively. The rationale for requesting additional therapy sessions is to regain motion and function. However, there is no clear documentation of functional improvement derived from the previous sessions. The patient is likewise expected to be well-versed in a self-directed home exercise program by now. Therefore, the request for twelve (12) physical therapy sessions to lumbar spine & left knee is not medically necessary and appropriate.