

Case Number:	CM14-0008995		
Date Assigned:	02/14/2014	Date of Injury:	05/08/2012
Decision Date:	06/24/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 44-year-old female with a date of injury 05/08/2012. Per treating physician's report, 12/12/2013, patient presents with low back pain at 4/10 radiating to the right leg, right knee pain at 2/10 with throbbing pain. Diagnoses are lumbar strain, right lower extremity radiculopathy. Under treatment plan, "this patient states that physical therapy helps alleviate symptoms". The patient has completed 8 sessions of physical therapy, requesting authorization to continue physical therapy for the lumbar spine, right knee 2 times a week for 4 weeks. 10/10/2013 report has patient's pain at 3/10 for right knee and 5/10 for low back and the patient has completed 7 out of 8 sessions of physical therapy which has been helpful for low back and right knee. The patient was to continue physical therapy 2 times a week for 4 weeks. 08/15/2013 report has patient's pain at 5/10 for low back and 2/10 for the right knee. Request authorization for physical therapy 2 times 4. MRI of the lumbar spine from 05/21/2013 shows annular concentric broad-based disk bulge at 3 mm at L5-S1 and L4-L5, with disk desiccations at these levels. MRI of the right knee from 05/21/2013 showed no meniscal tear, effusion at suprapatellar bursa, mild prepatellar soft tissue swelling but no ligamental tear. Request for additional physical therapy was denied by utilization review dated 01/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE PHYSICAL THERAPY; WIGHT (8) SESSIONS (2X4): Upheld

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

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

Decision rationale: This patient presents with persistent knee and low back pain, and the treating physician has asked for 8 additional sessions of physical therapy. Review of the reports show that the patient recently finished 8 sessions of physical therapy with subjective improvement. However, medical reports show that the patient's pain level in the knee range from 2/10 to 3/10 and for the low back 4/10 to 5/10 without significant improvement even with subjective rating of the pain. None of the reports discussed functional improvement or activities of daily living and whether or not the patient has been able to transition into home exercise program. MTUS Guidelines support 9 to 10 sessions of physical therapy for myalgia/myositis, the type of condition this patient suffers from. The current request for 8 additional sessions will exceed what is allow by MTUS Guidelines. Furthermore, the treater does not document any new injuries, change in symptoms and any specific reason or goals for additional physical therapy. Review of the reports show that the patient's symptoms remained unchanged and there does not appear to be any specific rationale for additional physical therapy requested. The request to continue Physical Therapy Eight (8) Sessions (2 x 4) is not medically necessary.