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| Case Number: | CM14-0009643 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 04/15/1996 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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:

This is a 69 year-old female who has reported low back and knee pain after an injury on 04/15/1996. The diagnoses include lumbar discopathy, lumbar spinal listhesis, degenerative joint disease, and status post left total knee revision surgery 02/13/2013. The records contain serial reports from the primary treating physician. A 10/14/13 letter is an appeal for 12 physical therapy visits for the left knee. The appeal contains no patient-specific information but instead is a collection of guideline citations and general recommendations for rehabilitation. On 10/3/13 the left knee is improved. Range of motion was 106 degrees of flexion. The treatment plan includes finishing physical therapy and "temporarily totally disabled" work status. On 11/14/2013 there was pain in the knees and back. Physical therapy had been interrupted recently by gallbladder surgery. Flexion was 90 and the injured worker was using a cane. Eight (8) visits of physical therapy were recommended for the left knee. Work status was "temporarily totally disabled". On 12/12/13, 16 physical therapy visits were reportedly completed. Range of motion was 0-90 degrees. 8 more physical therapy visits were recommended. Work status "temporarily totally disabled". On 1/19/14 the injured worker was noted to have failed a urine drug screen, with a negative result for the prescribed hydrocodone and a positive result for non-prescribed barbiturates. The failed result is not discussed and more Norco is recommended. Physical therapy reports show at least four (4) visits of physical therapy completed in April 2013. A physical therapy report of 10/28/13 shows 12 physical therapy visits for the left knee from 9/9/13 to 10/28/13. Range of motion improved from -10 to 85, to -8 to 100. On 11/19/13 the surgeon noted ongoing knee pain and effusion, injected a steroid, and recommended more physical therapy. Work status was "temporarily totally disabled". 1/7/14 the surgeon noted ongoing pain, completion of twelve (12) physical therapy visits by September 2013, 0-100 range of motion, and antalgic gait. He recommended more physical therapy and "temporarily totally disabled"

work status. On 12/23/13 Utilization Review non-certified 8 visits of physical therapy for the low back and the knees. The Utilization Review cited the Official Disability Guidelines, and noted prescribing in excess of the quantities recommended in that guideline without a description of any exceptional factors. This Utilization Review decision was appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK X 4 WEEKS LUMBAR: 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 Introduction, functional improvement, Physical Medicine Page(s): 9, 98-99.

Decision rationale: The treating physician has not provided an adequate prescription, which must contain a diagnosis, duration, frequency, and treatment modalities, at minimum. The treating physician provided only the most minimal mention of low back pain in his report and prescription for this physical therapy. There is no account of specific deficits, prior treatment, goals for therapy, modalities for therapy, and no discussion of function. According to the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current PT (physical therapy) prescription. It is not clear what is intended to be accomplished with this PT, given that it will not cure the pain and there are no other goals of therapy. There are no functional goals. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend PT, as the patient is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking. "Temporarily totally disabled" status is not an appropriate baseline for initiation of a PT program emphasizing functional improvement. Physical Medicine for the lumbar spine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and lack of sufficient evaluation by the treating physician.

PHYSICAL THERAPY 2 X WEEK x 4 WEEKS BOTH KNEES: 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): 99, Postsurgical Treatment Guidelines Page(s): 10-12, 24-25.

Decision rationale: The recent reports from the treating physician focus on the left knee, and have only the briefest mention of the right knee. There is not enough history, evaluation, or discussion of the right knee condition to allow a determination of medical necessity for physical therapy. The left knee surgery in February 2013 was followed by at least 16 physical therapy visits. According to the MTUS guidelines for post-operative physical medicine, the post-operative period is 4 months. Those 4 months had long since elapsed when the physical therapy was prescribed in November 2013. The 12 visits completed during September and October 2013 were completed after the post-operative period and would fall into the "chronic pain" time period. Any need for additional physical therapy is evaluated in light of the MTUS recommendations for chronic pain. According to the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The current PT (physical therapy) prescription exceeds the quantity recommended in the MTUS. This injured worker has already completed a course of Physical Medicine (12 visits) which exceeds the quantity of visits recommended in the MTUS. There is no evidence of functional improvement after those 12 visits, and no specific functional deficits described which require further physical therapy rather than home exercise. Physical Medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for "physical therapy" in cases of chronic pain is not sufficient. Total disability work status implies a likely lack of ability to attend PT, as the patient is incapable of performing any and all work activity, even very light activity such as sitting, standing, and walking. "Temporarily totally disabled" status is not an appropriate baseline for initiation of a PT program emphasizing functional improvement. Total disability work status implies a complete lack of functional improvement. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.