

Case Number:	CM14-0101538		
Date Assigned:	07/30/2014	Date of Injury:	06/16/2012
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old male was reportedly injured on 6/16/2012. The mechanism of injury is noted as climbing a rod iron fence. The most recent progress note, dated 5/28/2014, indicates that there are ongoing complaints of low back, and right knee pain. The physical examination demonstrated lumbar spine, positive tenderness for palpation paraspinals muscles and spinous processes, positive spasm in the lumbar region and positive tenderness to the sacroiliac joint. Straight leg raise test is positive on the bilaterally at 70. There is limited range of motion with pain, low back muscle strength and tone-3/5 bowstring test positive, compression test positive, Brudzinski-Kernig test positive. Right knee: mild tenderness and swelling over the medial/lateral joint lines and patella. Positive McMurray's, positive Apleys test, positive apprehension Sign and Bounce Test Positive. Diagnostic imaging studies include x-rays right knee 5/28/2014 which reveal tricompartmental osteoarthritis. Previous treatment includes previous surgery, medication and conservative treatment. A request was made for physical therapy 3 X a week for 3 weeks #12 and was not certified in the pre-authorization process on 6/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 times a week for 4 weeks for low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009 Page(s): 98,99 of 127).

Decision rationale: MTUS Guidelines support the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis and recommends a maximum of ten visits. The claimant has multiple chronic complaints and review of the available medical records, fails to demonstrate an improvement in pain or function. The treating physician is requesting twelve sessions of functional restoration therapy and in the absence of clinical documentation to support the two additional visits, this request is not considered medically necessary.