MAXIMUS Federal Services

Case Number:	CM14-0012694		
Date Assigned:	02/21/2014	Date of Injury:	03/07/2007
Decision Date:	08/11/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 41-year-old male who has submitted a claim for lumbar radiculopathy and bilateral knee internal derangement status post bilateral knee arthroscopy associated with an industrial injury date of March 7, 2007. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and left knee pain. A physical examination revealed paravertebral muscle tenderness with spasm. The patient's range of motion was restricted. Sensation was reduced in bilateral L5 dermatomes. Straight leg raise test was positive bilaterally. Increased knee tenderness inferior to the patella and over the quadriceps was noted. There was tenderness over the medial and lateral sides of the knee. The treatment to date has included bilateral knee arthroscopy, acupuncture, physical therapy, facet blocks, rhizotomy, and medications, which include Ketoprofen 75mg, Orphenadrine ER 100mg, Norco 10/325mg, and Zolpidem 10mg. a utilization review from January 28, 2014 denied the request for physical therapy for lumbar spine and bilateral knees because the patient has attended 54 sessions of physical therapy and there is no evidence to support additional physical therapy at this time rather than a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR LUMBAR SPINE AND BILATERAL KNEE.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy; Knee, Physical Therapy.

Decision rationale: According to pages 98-99 of the California 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 addition, guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. The Official Disability Guidelines recommend 10-12 visits over 8 weeks for Lumbosacral neuritis/radiculitis and 12 visits over 12 weeks for Derangement of meniscus; Loose body in knee; Chondromalacia of patella; and Articular cartilage disorder. In this case, as cited from Utilization Review dated 1/28/14, the patient has had 54 sessions of physical therapy. He has had adequate sessions of physical therapy and should now be well versed in self-directed home exercises. Also, the current request failed to specify the frequency and number of visits needed. Furthermore, there is a lack of documentation regarding objective functional improvement and treatment response from previous physical therapy sessions. Therefore, the request for physical therapy for lumbar spine and bilateral knee is not medically necessary.