

Case Number:	CM14-0014373		
Date Assigned:	02/21/2014	Date of Injury:	07/21/2010
Decision Date:	07/24/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 62-year-old male with a 7/21/10 date of injury. The patient is status post total knee arthroplasty. He recently underwent physical therapy of the lumbar spine times eight and was seen on 8/15/13 stating he had 50% improvement in back pain. Exam findings revealed tenderness in the L spine paravertebral musculature and restricted range of motion in the lumbar spine. The right knee exam revealed tenderness along the medial joint line and pain with deep flexion. The diagnosis is multilevel herniated nucleus pulposus of the lumbar spine with stenosis, right medial meniscal tear, and left knee compartment arthropathy. Treatment to date: physical therapy, medications. A Utilization review decision dated 1/29/14 denied the request given the patient had physical therapy for the lumbar spine and right knee approved in July 2013, and measurable goals were not addressed for ongoing physical therapy. In addition, there was no documentation as to why the patient was not independent in an 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 right knee and lumbar spine two times four: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. There is insufficient documentation to support the ongoing need for physical therapy to the right knee and lumbar spine. There is insufficient documentation of a time-limited treatment plan with clearly defined functional goals for ongoing therapy. In addition, there is insufficient documentation as to why the patient is not independent in a home exercise program. Therefore, the request for physical therapy for right knee and lumbar spine two times four was not medically necessary.