

Case Number:	CM14-0110960		
Date Assigned:	08/01/2014	Date of Injury:	02/06/1993
Decision Date:	09/12/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 and is licensed to practice in Illinois. 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 injured worker is an 87-year-old female with a reported injury 02/06/1993. The mechanism of injury was not submitted in documentation. The injured worker has diagnoses of cervical sprain/strain with underlying degenerative disc disease, chronic lower back pain, medial meniscus tear of the right knee, end-stage post-traumatic arthritis bilateral knees, sprain/strain of the left knee with medial meniscus tear and right wrist sprain. The injured worker's past medical treatment consists of the use of a walker with seat, a series of 3 Euflexxa injections, physical therapy and medication therapy. Medications include Norco and Tylenol. No duration, dosage or frequency was documented in the submitted report. An MRI obtained on 03/21/2002 revealed that the injured worker had chronic low back pain, superimposed over degenerative disc disease, with severe bilateral foraminal stenosis, L5-S1 and moderate to severe bilateral foraminal stenosis at L4-5. An MRI obtained on 07/24/2003 revealed that the injured worker had left knee strain/sprain with medial meniscus tear. The injured worker is status post bilateral knee arthroscopy. The injured worker complained of increased bilateral knee pain with swelling, popping and numbness down both legs, worse on the right. The injured worker stated that her right knee was giving out. The injured worker continued to use her walker for assistance with ambulation. The injured worker rated her pain at a 10/10 her right knee and an 8/10 on her left knee. The injured worker also complained of increased neck and low back pain that radiated down bilateral lower extremities. The injured worker stated to have been using ice on her low back and neck. She rated that pain at a constant 10. Physical examination dated 01/09/2014 revealed that the injured worker's cervical spine was tenderness bilaterally at the occiput base, bilateral C5-6, C6-7 bilateral trapezius, levator scapular and rhomboid. Sensory examination had decreased sensation. Active range of motion of the cervical spine revealed a flexion of 60 degrees, extension of 50 degrees and lateral rotation right to left 60/50 degrees. Active range of

motion of the lumbar spine revealed a flexion of 40 degrees, extension of 5 degrees and lateral bending 20 degrees bilaterally. Medications include Norco and Tylenol. No duration, dosage or frequency was documented in the submitted report. The treatment plan was for the injured worker to have physical therapy 2 times a week for 4 weeks to the neck, back and right knee due to increased pain, stiffness and ineffectiveness of medications. Injured worker is also to continue Flector patches 1.3% and continue medications as needed. The Request for Authorization Form was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, two (2) times weekly for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The injured worker complained of increased bilateral knee pain with swelling, popping and numbness down both legs, worse on the right. The California MTUS states that physical medicine with active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Treatment is recommended with a maximum of 9 visits to 10 visits for myalgia and myositis and 8 visits to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker had received prior physical therapy. There was no quantified evidence of functional improvements with program in progress because of prior therapy received. It was also unclear as to when the injured worker received the physical therapy and how many sessions were attended. The MTUS Guidelines recommend a short course of physical therapy for low back pain as an optimal form of treatment. Based on the lack of objective evidence of functional improvement with previous visits, the appropriateness for additional physical therapy cannot be established. Therefore, the request for physical therapy for the lumbar spine, two (2) times weekly for four (4) weeks is not medically necessary and appropriate.