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| Case Number: | CM14-0114278 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 09/10/2002 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 06/25/2014 |
| Priority: | Standard | Application Received: | 07/21/2014 |

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, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 a 53-year-old female who reported injury on 09/10/2002. The mechanism of injury was that the injured worker was leaving work and was walking on the sidewalk out of her school and her left foot got caught in a cracked and uneven part of the sidewalk causing her to fall down onto her hand and knees. Prior therapies included 16 sessions of physical therapy for the lumbar spine and bilateral knees. The surgical history was not provided. The prior diagnostic studies included x-rays and MRIs. The medications included fluoxetine, glucosamine, chondroitin 400/500 mg 3 times a day, tramadol by mouth and topical, dextromethorphan, capsaicin, Sonata, Omeprazole, Ativan, as well as topical Flurbiprofen, Lidocaine and Menthol. The documentation of 06/05/2014 revealed the injured worker had pain in the low back radiating in the pattern of bilateral L4-5 dermatomes. The injured worker had complaints of pain in the bilateral knees. The physical examination revealed grade 2 tenderness to palpation of the paraspinal muscles which remained the same since her last visit and palpable spasms which remained the same. The straight leg raise test was positive bilaterally. There was a restricted range of motion. The examination of the bilateral knees revealed grade 2 tenderness to palpation which remained the same since the last visit and a positive McMurray's. The diagnoses included history of lumbosacral multiple disc protrusion, history of right knee meniscal tear, ganglion cyst of the posterior cruciate ligament and lateral patellar subluxation and internal derangement, and a history of a meniscal tear, exacerbation and lateral patellar subluxation and internal derangement per medical records. The treatment plan included to continue physical therapy for the lumbar spine and bilateral knees 2 times a week for 6 weeks and utilize a heating pad. There was a lack of documented rationale for continuation of the lumbar spine and bilateral knee physical therapy. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for the lumbar spine and bilateral knees 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Active therapy is based on the philosophy that therapeutic exercis.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the request was made for a continuation of therapy and the injured worker had attended 16 sessions of therapy. There was a lack of documentation of objective functional benefit that was received and documentation of functional deficit to support the necessity for continued therapy. The injured worker should be well versed in a home exercise program and further therapy would exceed guideline recommendations. Given the above and lack of documentation of objective functional benefit, the request for additional physical therapy for the lumbar spine and bilateral knees 2 times 6 is not medically necessary.