

Case Number:	CM14-0117841		
Date Assigned:	08/06/2014	Date of Injury:	09/02/2011
Decision Date:	09/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/28/2014

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 injured worker is a 53-year-old male who reported an injury on 09/02/2011. The mechanism of injury was not provided. The injured worker's diagnoses were lumbar spine musculoligamentous strain/sprain with radiculopathy, lumbar spine disc protrusion with bilateral pars defect, and 12 mm anterior subluxation per MRI, status post right knee arthroscopic surgery dated 10/19/2010 with residual pain not related to the claimed injury, status post right knee arthroscopic dated (it is conflicting dates 01/2002 or 02/2012), right foot plantar fasciitis, rule out NSAID-induced gastropathy, sleep disturbance secondary to pain, depression and anxiety, situational. Prior surgical history includes right knee arthroscopic surgery on 10/19/2010 and right knee arthroscopic surgery (unsure, 01/2002 or 02/2012). The injured worker's diagnostics include MRI of the lumbar spine. The injured worker's prior treatments include physical therapy, trigger point injections and medication therapy. The injured worker complained of pain in the lower back, right knee, and right ankle and foot. He also complained of pain and numbness in the wrist and the hand. On a scale of 1 to 10 the injured worker complained of lower back pain at 5/10 which has decreased from 6/10 to 4/10 in the right knee and in the ankle and foot is a 3/10. On physical examination dated 06/18/2014, there was grade 2 tenderness to palpation which had remained the same since the last visit. McMurray's test is positive on the right knee. There were no neurological or neurocirculatory changes. The provider's treatment plan is to continue physical therapy. The requested treatment is for physical therapy to the right knee 2 times per week for 6 weeks. The rationale for the request was not provided with documentation. The request for authorization form was not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the right knees, 2 times per week for 6 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 109-114, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

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

Decision rationale: The request for physical therapy to right knee 2 times per week for 6 weeks is non-certified. The injured worker complained of pain in lower back, right knee, and right ankle and foot with a pain scale of the knee has decreased from 6/10 to 4/10. According to California MTUS Guidelines, physical medicine is recommended as an active therapy and is based on therapeutic exercises and benefits for restoring flexibility and strength, endurance, function, range of motion, and can alleviate some discomfort. Active therapies require an effort for the individual to complete a specific task. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. There is documentation within the clinical records to indicate that the injured worker has had past physical therapy sessions with at least 9 sessions between 05/2014 and 06/2014. Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home medicine. Physical medicine guidelines support 9-10 sessions over 8 weeks for myalgia and myositis. There is lack of documentation indicated in the medical records of the injured worker's functional gains from prior therapy. In addition, the request for physical therapy to the right knee 2 times per week for 6 weeks would exceed the physical medicine guidelines. There was a lack of an adequate examination of the right knee detailing deficits that would be supportive of additional formal therapy versus a home exercise program. As such, the request is non-certified.