

Case Number:	CM14-0151654		
Date Assigned:	09/19/2014	Date of Injury:	04/13/2010
Decision Date:	10/20/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/17/2014

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, has a subspecialty in Interventional Spine 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 with an injury date of 04/13/10. Based on the 08/12/14 progress report provided by [REDACTED], the injured worker complains of low back and bilateral knee pain. Injured worker describes motion loss, stiffness and constant pain to low back and knees. Back pain wakes him up from his sleep. He feels no better than 60% normal and handles stairs by holding the rail. He uses a brace on right knee and ambulates with a cane. Injured worker uses a tens unit. Physical examination reveals decreased sensory function on the right leg and decreased sensory reflex on left knee. Range of motion of the lumbar spine is decreased, especially on extension 10 degrees. Per progress report dated 03/21/14, injured worker had 6 post-op physical therapy sessions following surgery to the right knee June 2013. [REDACTED] is requesting Physical Therapy 9 visits. The utilization review determination being challenged is dated 08/22/14. The rationale is "records indicate 9 visits of physical therapy failed to demonstrate significant functional improvement." [REDACTED] is the requesting provider, and he provided treatment reports from 07/05/12 - 08/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

. 9 Physical Therapy Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Physical Medicine Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: The injured worker presents with low back and bilateral knee pain. The request is for 9 Physical Therapy Visits. Injured worker is status post multiple surgeries to the knees. Diagnosis dated 08/12/14 states discogenic lumbar condition with disc disease at L2-L3, L3-L4, and L4-L5. MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 03/21/14, injured worker had 6 physical therapy visits, however they were post-op sessions addressing surgery to the right knee. Procedure to the knee was dated June 2013, which is over one year from utilization review date of 08/22/14. Current request addresses symptoms to the low back along bilateral knees. Per progress report dated 08/12/14, "physical therapy to the lumbar spine was not yet materialized." Request of 9 visits is reasonable for treating different regions and is within guidelines. The request for 9 Physical Therapy Visits is medically necessary.