

Case Number:	CM14-0159926		
Date Assigned:	10/03/2014	Date of Injury:	09/14/1998
Decision Date:	11/03/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 60-year-old male with a 9/14/98 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/14/14, the patient continued to report familiar pain of his neck, low back, and knees. He described the pain as sharp, burning, aching, and constant. Associated symptoms include numbness and tingling in the legs and wrists and feelings of weakness in the legs. The patient is requesting further physical therapy for his low back and knees. According to a physical therapy progress note dated 5/22/14, the patient has completed 18 sessions to date. It is noted that the patient is about the same as previous measurements taken in March 2014. Objective findings: left knee positive crepitus, tenderness to palpation of bilateral knee joint lines, limited and painful lumbar range of motion, increased kyphosis, loss of lumbar lordosis. Diagnostic impression: osteoarthritis of knee, facet arthropathy, displacement lumbar intervertebral disc, shoulder pain, ankle enthesopathy, neuritis. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 9/5/14 denied the request for 12 physical therapy sessions. This patient has received 18 sessions of physical therapy to date, and there is no indication that the therapy is improving the patient's functional capacity beyond what can be performed with his home exercise program and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Physical Therapy, 9792.22 General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - Physical Therapy, Knee Chapter - Physical Therapy American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA 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. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, in the present case, it is noted that the patient has completed at least 18 sessions of physical therapy. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. Guidelines support up to 10 visits over 8 weeks for lumbar sprains and 12 visits over 8 weeks for knee sprains. An additional 12 sessions would clearly exceed guideline recommendations. Excessive physical therapy can lead to therapy dependence. In addition, there is no documentation as to why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for 12 Physical Therapy Sessions was not medically necessary.