

Case Number:	CM14-0167446		
Date Assigned:	10/14/2014	Date of Injury:	04/29/2010
Decision Date:	11/26/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia. 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 48 year old male presenting with a work related injury on 04/29/2010. The injured worker was diagnosed with lumbosacral sprain, lumbar intervertebral disc displacement, right knee internal derangement, right knee sprain and anxiety syndrome. The injured worker has tried physical therapy. On 08/26/2014, the injured worker complained of persistent low back pain and right knee pain. The physical exam showed tenderness, positive straight leg raise. MRI of the lumbar spine showed L3-4 and L4-5 disc degeneration with moderate facet arthropathy at L3-4 and L4-5 with mild to moderate central canal stenosis at L4-5. EMG/NCV showed acute bilateral L5-S1 lumbosacral radiculopathy. MRI of the right knee showed posterior horn medial meniscus tear, medial and lateral meniscal tears. The injured worker is status post right knee arthroscopy with partial medial meniscectomy, partial lateral meniscectomy and chondroplasty, tricompartmental. A claim was placed for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times a Week For 4 Weeks, Lumbar Spine, and Right Knee: Upheld

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

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

Decision rationale: Physical Therapy 2 Times a Week For 4 Weeks, Lumbar Spine, and Right Knee is not medically necessary. Page 99 of CA MTUS states "physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." The claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.